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ABSTRACT

The first edition of this handbook provided descriptions of the existing offices for women in medicine at 6 medical schools and examples of the programs in place at about 50 additional schools. The goals of both the first and second editions are the same: to give support and ideas to Women Liaison Officers (WLOs). The second edition, however, goes well beyond its predecessor. The first chapter provides an overview of the WLOs, who they are, how they're appointed, their responsibilities, and who guides program planning for them. The second chapter focuses on recurrent organizational and funding issues faced by WLOs and offers multiple examples of current activities. The approaches of a few schools are given in some depth as illustrations of innovative programs. Other chapters address a variety of issues that have emerged and that require special attention as women work together to improve their environment. These issues involve: (1) addressing sexism in medicine, (2) working toward salary equity, (3) parenting and flexibility issues, (4) addressing leadership issues and creating professional development programs, and (5) examining women's health curricula. The final sections provide lists of womens' professional groups as well as resource organizations and what they offer. The appendices include contact information for the WLO institutions named in the handbook as well as the workshop agenda and topics discussed at the Association of American Medical Colleges Professional Development Seminar for Senior Women in Medicine. Contains a partial index and faculty biographical sketches. (GLR)

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BUILDING A STRONGER WOMEN'S PROGRAM

Enhancing the Educational and Professional Environment

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BUILDING A STRONGER WOMEN'S PROGRAM

Enhancing the Educational and Professional Environment

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Division of Institutional Planning and Development
Association of American Medical Colleges

January 1993

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BUILDING A STRONGER WOMEN'S PROGRAM II: ENHANCING THE EDUCATIONAL AND PROFESSIONAL ENVIRONMENT

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TABLE OF CONTENTS

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PAGE

Women in Medicine Coordinating Committee i

Foreword by Joseph A. Keyes, Jr.

Introduction 2

Chapter 1 Questions and Answers about the Role of a Women Liaison Officer 3

Who are the WLOs and how many are there? 3
How are WLOs appointed? 3
What are the responsibilities and benefits of serving as WLO? 4
Who guides program planning for the WLOs? 5

Chapter 2 Organizational Issues and Current Activities 6

Organizational modes 6
Observations about creating an office 11
Funding 12
Current activities 13

Chapter 3 Addressing Sexism in Medicine 17

Evidence of the problem 18
Defining harassment and micro-inequities 20
Policy development and educational resources 24
Conclusion 27
Bibliography 28

Chapter 4 Working Toward Salary Equity 31

Studies in higher education 31
Approaches in medical education 32
Recommendations 33
Bibliography 34

Chapter 5 Parenting and Flexibility Issues 36

Medical students 36
Residents 37
Faculty: Leave policies and lengthening time to tenure 39
Faculty: The part-time option 41
Looking ahead 42
Bibliography 43

Chapter 6 Creating Professional Development Programs: Leadership Issues 45

The leadership gap 45
Approaches to closing the gap 46
Creating professional development programs 48
Grant writing skills 50
Using cases 51
Examples of faculty development programs at medical schools 53
Tips for meeting planners 54
Other resources 55
Bibliography 56

Chapter 7 Women's Health Curricula 59

Emerging forces 59
Studies of curricula 60
At the schools 60
Bibliography 63

Chapter 8 Making Use of Other Resources 65

At AAMC 65
Other national organizations 65
WIM specialty organizations 67
Bibliography 69

Chapter 9 Into the Future 70

On the agenda 70
Managing change 71
Bibliography 73

Partial Index 74

Appendix I WLOs (from institutions named in Handbook) 78

Appendix II AAMC WIM Seminar Program Announcements 87

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FOREWORD

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The publication of the second edition of this Handbook is an appropriate occasion to reflect on the growth of AAMC's Women in Medicine (WIM) program. AAMC first assigned staff support to assist medical school efforts aimed at improving the environment for women faculty and students in 1976.

In 1987, Janet Bickel was named the new Director for Women's Programs and the locus of staff support for WIM came under my purview in the Division of Institutional Planning and Development. Under Janet's leadership and with strong AAMC support, the program has flourished. Janet expanded the WIM Coordinating Committee (the present Committee roster appears on page i), created the quarterly *Women in Medicine Update* newsletter and annual *WIM Statistics*, and organized a Professional Development Seminar for junior women faculty.

In the last five years, with the guidance of the WIM Coordinating Committee, much more has been accomplished. Five seminars for junior women faculty have been held with each one garnering higher evaluations than the one before. Each had many more applicants than could be accommodated. A new Professional Development Seminar for Senior Women will be held in March; it is designed for associate and full professors who already have most of the qualifications necessary to be considered for a top administrative post such as department head. Attendance at WIM Annual Meeting sessions has increased yearly; this year 250 registered for the WIM Luncheon (compared to 78 in 1978).

Over 4700 copies of *Medicine & Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors* have been distributed, and feedback on its utility continues to be excellent. The number of requests we receive for information on virtually every conceivable aspect of women in medicine also continues to expand. This growing interest is a "sign of the times" but has also been stimulated by Janet Bickel in her travels to speak and "plant seeds" at the medical schools. Recognizing her leadership in this arena, in 1992 AAMC promoted her to assistant vice president for women's programs.

Since 1978 members of AAMC's Council of Deans and Council of Academic Societies have appointed Women Liaison Officers (WLO). In 1990 for the first time, AAMC's Council of Teaching Hospitals members were invited to appoint a WLO. The numbers appointed by all three Councils keep growing. While these WLOs are the target audience of this Handbook, many others find it useful as well. In fact, any one with an interest in the implications of the growing numbers of women students and faculty will want to peruse it. Because of the large scope of this document, we will appreciate receiving feedback on which sections are the most and least valuable and why.

As leaders in academic medicine appreciate the importance of nurturing their women students and faculty as effectively as they do their men, they see that an active institutionally-supported WIM program can be a key asset. *Building a Stronger Women's Program II: Enhancing the Educational and Professional Environment* aims to provide substantial guidance here. A strong WIM program can have the added benefit of helping to create a more humane educational and patient care environment for all.

Joseph A. Keyes, Jr.
AAMC Vice President for Institutional Planning and Development

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INTRODUCTION

ORGANIZATION OF THE HANDBOOK

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The first edition of *Building a Stronger Women's Program* provided descriptions of the existing *offices* for women in medicine at six medical schools and examples of programs in place at about 50 additional schools. These program descriptions were organized by target audience, i.e., students, faculty, academic societies, and mixed audiences (this edition is still available; see phone number below).

Like the first edition, the primary goal of the second edition is to give support and ideas to Women Liaison Officers (WLOs). However, because of the experience gained in the last few years, this edition goes well beyond its predecessor. The opening chapter provides an overview of the WLO position. The second chapter focuses on recurrent organizational and funding issues faced by WLOs and offers multiple examples of current activities. The approaches of a few schools are given in some depth as illustrations of innovative programs. Since each medical center is unique in terms of its history, community, and particular strengths, some ideas may not be transferable. However, the Handbook will prevent some wheel reinvention and will serve to put questioners in touch with the experienced. To this end, all WLOs are invited to continue to update AAMC staff on progress and developments.

A variety of issues have emerged as requiring special attention as women work together to improve their environment. While of quite varying length, each of the following subjects has its own chapter and bibliography:

- addressing sexism in medicine
- working toward salary equity
- parenting and flexibility issues
- leadership issues and creating professional development programs
- women's health curricula

These chapters are designed to stand alone. If a WLO deems it appropriate, she may photocopy individual sections for various purposes (for instance, to discuss the chapter on women's health curricula with the chair of the curriculum committee).

The final sections on making use of other resources and looking ahead offer additional strategies.

Appendix I displays the name, address, and phone number of each WLO whose institution is named in the Handbook.

Each WLO and medical school dean has been mailed one copy of this publication. WLOs or deans who wish to obtain up to three free additional copies may write, fax or phone Renee Quinnie at (202) 828-0521. For all others, purchasing information is printed inside the title page.

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CHAPTER 1

QUESTIONS AND ANSWERS ABOUT THE ROLE OF A WLO

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Who are the WLOs and how many are there?

Originally in the late 1970's, most of the WLOs were student affairs personnel. As the spectrum of women faculty concerns and the visibility of the WLO position have increased, WLOs have come from more diverse institutional roles. Many deans have appointed women with academic as well as administrative appointments and with other responsibilities as well.

The dean may appoint a maximum of two WLOs. A balance is desirable such that, if the first WLO works primarily with students, the second one should be close to faculty issues. Presently 205 WLOs have been appointed by the 126 U.S. medical schools and 14 from 16 schools in Canada.

Members of AAMC's Council of Academic Societies (CAS) may also appoint a liaison. Whenever a professional society is approved for membership in CAS, the president receives an invitation to appoint a WLO. Currently, 26 societies (of 90) have a WLO. These individuals tend to be leaders in their field and/or have a longstanding commitment to women in medicine.

The fact that almost one-third of house officers are women lends additional impetus for the CEOs of AAMC's Council of Teaching Hospital (COTH) to appoint a WLO. Since this opportunity has only existed for two years, few examples of activities COTH WLOs have sponsored are available. These WLOs also represent a broad range of titles, from coordinators to vice presidents. In some cases, hospital CEOs have appointed someone who is already serving as a dean-appointed WLO; however, because it will increase the number of persons receiving AAMC publications, a better strategy is to select a different woman leader within the hospital. Currently of the 410 eligible hospitals, 190 have appointed WLOs.

How are WLOs appointed?

Each October AAMC sends to all medical school deans and COTH CEOs a computer-generated form listing the WLO(s) currently representing the institution. Deans and CEOs are asked to make any deletions, additions or corrections. At any time of the year, however, they (as well as CAS officers) may write a letter to the Assistant Vice President for Women's Programs appointing a WLO.

While there are no "selection" guidelines *per se*, women who are appointed as WLOs should be well-connected within their institutions and have a demonstrated interest in improving the environment for women students, faculty and administrators. Some deans and

CEOs appoint women who are primarily clinicians with no important institutional responsibilities; while such persons may be particularly interested in women's health, they are rarely visible or well-connected enough within the medical center to organize effective programs. Another problematic situation exists where an inactive WLO retains the appointment when others more committed and energetic stand ready to fill the position. In such cases, it may be advisable for the more active person to request that the dean and WLO consider alternatives.

What are the responsibilities and benefits of serving as WLO?

WLOs are invited to participate in the AAMC WIM Annual Meeting sessions and to attend the WLO Caucus at this meeting. These sessions are an irreplaceable source of energy, information and networking. A special brochure is mailed to WLOs each summer with a more detailed overview of the WIM sessions than that contained in the AAMC preliminary program, which is also mailed then. The meeting dates for upcoming years are: November 7-11, 1993 Washington, D.C.; 1994, Boston, Massachusetts and 1995 Washington, D.C.

At her institution, the primary responsibility of the WLO is to read and make available to others as appropriate information channelled from AAMC. Regular mailings include four issues per year of *Women in Medicine Update*, announcements of WIM Professional Development Seminars, *WIM Statistics*, and the *WLO Directory*. Among other resources available are WLO mailing labels for publicizing important position openings, assistance in locating speakers for a variety of WIM programs, and information on other AAMC services and databases, such as the Faculty Roster.

If feasible, it is desirable for WLOs to be assigned or to assume responsibilty to:

- help provide continuity to women student and/or faculty groups and initiate programs to assist the professional and personal development of women students and faculty.

- promote recruitment of women faculty and administrators; maintain communication with the institution's affirmative action officer; and help identify appropriate candidates or sources of candidates.

- respond to media requests and inquiries in conjunction with the public affairs office.

- serve as liaison with other professional women's groups and as a speaker on Women in Medicine issues.

- represent the institution on local, state and national committees involving women's concerns.

Because there is no set "job description", each WLO is encouraged to write her own and to negotiate with the dean/CEO for resources. The position description should be compiled with resource requirements in mind and might include the following: a) fiscal support to attend the AAMC Annual Meeting and to initiate/sustain WIM activities at the institution; b) secretarial assistance with mailings and meetings; c) annual campus-wide announcement of the WLO and parameters of the position (e.g., in the faculty handbook).

In general, the use each WLO makes of the position will be greatly influenced by:

- the amount of time she can spare for this activity;
- the stage of maturity of the institution's WIM program, e.g., brand new or long-established;
- the extent to which other faculty, students and staff at the institution are working and volunteering with her;
- whether the dean or CEO is providing both moral and financial support to WIM activities.

Who guides program planning for the WLOs?

There is an eight-member Coordinating Committee that plans the AAMC WIM Annual Meeting program, initiates projects, and guides all other projects and programs. The Committee is comprised of:

- six WLOs who are presently active at their institutions (efforts are made to achieve diversity in terms of geographic region and title, e.g., student affairs dean, assistant professor, associate chief of staff for ambulatory care);

- one academic department chair;

- one medical student (selected by AAMC's Organization of Student Representatives' Administrative Board from a pool of applicants for the position).

The WIM Coordinating Committee meets for a day each spring and during the Annual Meeting. Throughout the year, the Committee also provides feedback to staff on ideas and drafts of publications.

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CHAPTER 2

ORGANIZATIONAL ISSUES AND CURRENT ACTIVITIES

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In January 1992 WLOs were asked to complete a one-page questionnaire on activities initiated at their institution on behalf of women students, residents and faculty. Though similar to a 1989 survey, the more recent survey also requested information on how these programs are financially supported.

Sixty-four of the 140 U.S. and Canadian medical school WLOs returned the survey; 7 of these reported no activities. Only 4 hospital WLOs responded; this low number is related to the newness of this position and to the fact that WIM responsibilities in hospitals are less likely to be assigned.

What follows in this chapter is based largely on the survey responses and on leads provided by the WLOs at these 57 schools and 4 hospitals. From communications with many of the 76 schools that did not return the survey, it is clear that many of these *do* have WIM programs. Since the Handbook is meant to be more descriptive than encyclopedic, this lack of completeness is not a hindrance. But readers should keep in mind that the institutions named are not the only ones with active WIM programs. The names and addresses of WLOs whose schools are named in the Handbook are listed in Appendix I (it is best to communicate directly with them regarding any questions).

Organizational Modes

To open this chapter on a very positive note, 34 of the 57 schools reported the existence of an active medical women faculty organization. While this question was not explicitly asked in 1989, it is clear that such groups are growing in number.

Three schools with new Offices for Women in Medicine are *Brown University, Temple University* (see below), and *Medical College of Virginia of Virginia Commonwealth University* (where the WLO is part-time director). (See the first edition for descriptions of the WIM Offices at *Yale University, SUNY-Buffalo, Northeastern Ohio University College of Medicine, University of Southern California, and Harvard Medical School).*

No bright line differentiates an "office" from a "program" or other organizational label. In fact the aegis under which activities are sponsored is less significant than the *visibility, effectiveness, and frequency* of activities. These three features are highly related to the presence of: relatively stable financial support (see below), the good will of the dean, a critical mass of women who show up to work together on common concerns, and one or more energetic women to lead in the development of the program. With regard to the latter, at a number of institutions, this leader has an administrative title that has helped her get a program off the ground. (e.g., student affairs dean, director of professional development and continuing medical education). However, with strong faculty leadership and dean's support, an administrative title is not a prerequisite. In a few cases, the faculty member has even been able to garner credit toward her next promotion for this leadership role.

Following are brief descriptions of developments at seven institutions illustrating a range of organizational approaches.

TEMPLE UNIVERSITY SCHOOL OF MEDICINE

Historically Temple has had an active AMWA chapter, a high percentage of women students and a number of activities such as career seminars and support groups. The decision to establish a formal Office of Women in Medicine (OWM) followed a series of open meetings to discuss interest in developing a more structured women's program. Advice was sought from established OWMs. Finally, women faculty and the associate dean for student affairs developed a proposal for presentation to the dean.

The major goals of Temple's OWM were articulated as follows: to provide administrative continuity to student groups, to assist in coordinating and planning personal and professional development programs, and to serve as a resource in the medical schools for issues concerning women. The dean supported the creation of the Office with limited funding but no dedicated space. The WLO, as associate dean for student affairs, became the director. The dean provided funding through the federal work-study program for two first-year medical students to help develop the OWM, which included creating a newsletter, gathering resources, planning programs, and studying how to ensure that language in the medical school become more gender-neutral (this work resulted in publication of a policy and a booklet "Guide to Non-sexist Language" that has proved very useful).

In the year since the OWM was formed, the dean appointed an ad hoc committee on the status of women faculty, providing these faculty a direct line of communication to the administration. Following a brief survey to all the faculty regarding perceptions of needs and priorities, that committee has initiated an annual review of faculty rank and salaries and planned a program on job negotiation and is now addressing parental leave policies. Recently the OWM began working with women students to become contacts and hosts for women applicants. Temple's Office of Development and Alumni Affairs now sends copies of the OWM newsletter to alumnae, and the Admissions Office publicizes OWM activities for recruitment purposes.

BROWN UNIVERSITY MEDICAL SCHOOL

In 1975 Brown University became subject to a court-supervised consent decree resulting from a class action suit. This decree set numerical goals and timetables for the hiring and promotion of women. Although hospital-based departments were not included in the decree, this stimulus had a positive influence on the medical school as well as on the university with regard to the involvement of women. The Association of Women Medical Faculty formed as an affiliate of the Brown University Committee on the Status of Women, and began offering programs in 1986. The AWMF's aims include: (1) stimulating collaboration and networking among Brown women medical school faculty, (2) recruiting women to the faculty and (3) promoting the academic advancement of all junior medical school faculty. In 1991, the dean approved the creation of the Office of Women in Medicine, coordinated primarily by a WIM officer, with the close help of two women associate deans and an associate professor. In some ways, the OWM fulfills a role similar to that of the Office of Minority Affairs. As one of the associate deans comments: "There needs to be a place where it's safe to express your concerns. . . Also women sometimes feel isolated. . .they may not be aware of all of the avenues available to them".

The OWM has worked to expand the programs of the AWMF in the areas of faculty recruitment, development, advancement, networking and research. It serves to provide information and programs for four primary constituencies: (1) women students, (2) women medical residents at Brown affiliated hospitals, (3) medical school faculty, full time and clinical, and (4) members of the Rhode Island Medical Women's Association (RIMWA). One of the important activities coordinated by the OWM is the mentoring program. Each year, women medical school faculty and residents at the affiliated hospitals and RIMWA members are invited to complete a participation form, on which they state medical and extracurricular interests. Women students complete a similar form, and the WIM officer creates the matches. A few men students have expressed interest in participating; wherever possible, these requests are filled on an ad hoc basis. In an effort to extend the program, early clinical experiences for all students are being developed, one goal of which is to address gender issues in health care delivery.

MEDICAL COLLEGE OF PENNSYLVANIA

The Medical College of Pennsylvania was established in 1850 as the Female Medical College of Pennsylvania. Although it became coeducational in 1969, MCP retains many elements of its roots, e.g., numerous portraits of alumnae and an archives that is a national treasure documenting the history of women in medicine. The Women in Medicine Committee is charged with recommending policies regarding equity in promotion, salary, committee appointments, and access to resources. A particularly active on-going feature initiated by students is the Mentoring Program that not only connects students with faculty but also sponsors monthly meetings where mentees and mentors meet to hear presentations and to address a variety of issues.

MCP continues to develop her leadership position in women's health. A Clinical Center for Women's Health provides comprehensive services for women of all ages with a focus on prevention and fitness. Other major objectives of the Center are: to develop a comprehensive educational program including medical student, resident and postgraduate training; to expand research endeavors in such areas as depression, breast cancer, and osteoporosis; and to maintain a high profile in community activities. A search committee is currently seeking a woman of national stature to assume the role of Director of the Center for Programs in Women's Health. Ultimately this Center will coordinate the clinical, education, and research activities for MCP and the Allegheny Health Education and Research Foundation relative to women's health.

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

The Program for Women in Science and Medicine begun in 1991 was designed to foster the social and academic development of all women at Washington University Medical Center. Through its dean's supported budget of about $13,000/year, this Program sponsors student, faculty and staff representation at national and regional women's meetings. The Program also has sponsored a number of lectures and discussions on issues concerning women but also of interest to many men. For instance, Congresswoman Pat Schroeder spoke on women's health and Dr. Darlene Clark-Hine (professor of history at Michigan State University) spoke on women and minorities in health care. Women in the second year class organized a noon seminar series for women medical students, including women from various specialties discussing their career development and lifestyles. In conjunction with the student health service, a series is being offered every Thursday from January to March on a variety of topics such as medical marriages and the decision to have children during residency. A number of social gatherings have also been held. This Program has done a tremendous amount to increase the awareness and effectiveness of women at the medical school. It has also become an effective recruiting tool for women applicants. Compared to 27% in the class of 1995, the class of 1996 is 46% women, with the highest-ever MCAT scores and GPAs.

The medical women faculty organization called Academic Women's Network is just getting off the ground. It charges dues of $20/year. Early areas of work are increasing the number of women faculty and assuring salary equity (see Chapter 4).

HAHNEMANN UNIVERSITY SCHOOL OF MEDICINE

Because the goal of diversity among faculty, staff and students has high priority for the president of Hahnemann University, the dean appointed a committee to conduct an environmental scan regarding needs and opportunities. The committee's recommendation to recruit an Associate Dean for Women/Director of the Office of Women's Affairs was approved, and this committee became the search committee. The lengthy job description includes creating professional development resources, addressing the problem of attrition among senior faculty, and creating a forum where all university women can find a nurturing ear.

Meanwhile, on-going activities have included: increasing the number of women on search committees; offering a breakfast series including presentations by women holding key political positions and by women in the media; and serving as a pilot institutional branch of the American Association of University Women.

UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE

In 1989, the dean appointed the Committee on Women to address issues relative to the status of women students, residents and faculty. The Committee and its chair (the WLO) spent its first year fact-finding. The following avenues were pursued:

- Ten peer and one model institutions completed a five-page survey on their WIM activities, the percent of women at all ranks, and the existence of support mechanisms.

- The Committee chair interviewed all departmental chairs relative to the recruitment, mentoring, and promotion of women; this meeting was also used to explain the goals of the Committee.

- A four-page survey was mailed to all members of the academic community to ascertain the perceptions of all groups relative to the UVASM environment. Respondents were asked if they strongly agreed, agreed, disagreed, or strongly disagreed with 40 statements grouped under the following categories: professional development, representation, compensation, support systems, sexism and safety. Examples are: "equal pay for men and women is no longer an issue for faculty"; "women spend a disproportionate amount of time away from work responsibilities in order to attend to family needs"; "sexist remarks are heard on rounds and in the classroom"; and "there tends to be a condescending attitude toward women physicians and scientists in the medical center". The survey results revealed a number of problems, especially relative to sexism, to lack of support experienced by women students and faculty, and to inequitable salaries.

The Committee's report included 38 recommendations to the dean and medical advisory committee; the dean accepted all but one. Early responses included appointment of a woman as associate dean, election of a woman as president of the clinical staff, and release of Medical Center space for the University of Virginia Women's Center. A consultant was hired to spend two days meeting with the Committee and with selected faculty, staff and students to fine-tune the plan for implementation of the recommendations.

STANFORD UNIVERSITY SCHOOL OF MEDICINE

While several activities were already underway to improve the gender climate at Stanford before Dr. Frances Conley focused national attention on the issue, this event did act as a spur. The faculty senate appointed a Committee on Sexual Harassment and Gender Insensitivity and the university hospital appointed a Task Force on Discrimination; the immediate goal was to clarify administrative procedures on reporting harassment. More importantly, the women faculty held a day-long retreat on empowerment, with a follow-up half-day on negotiation skills. Other professional development programs have been offered as well. Stanford has also brought in consultants from Equity Institute to offer several workshops on gender sensitivity (the school owns the materials developed); most of the department chairs have attended one. One immediate benefit of these workshops is that the department chairs learn how hard most women faculty work and how committed they are to their work.

OTHER EXAMPLES

Following are examples of recent organization-related developments at other schools that are of interest:

- About half of the Canadian medical schools now have a Gender Issues Committee (GIC), sometimes working closely with the Federation of Medical Women of Canada. At the *University of British Columbia*, the GIC convinced the dean to institute a new associate dean position; this individual will be in charge of equity issues, primarily for women, minorities and the disabled. The mandate of the *University of Toronto*'s GIC includes career development, research, and education issues.

- At *University of California, San Francisco School of Medicine*, the Dean created the position of Associate Dean for Women--the first such title in the country. Another positive note is that the topic for UCSF's 1993 leadership retreat (attended by chairs, heads of research units, and deans) pertained to the professional development of women and minorities. This year UCSF's women faculty organization was also restructured to include women faculty in the schools of dentistry, pharmacy and nursing.

- The Executive Committee of the *University of Arkansas School of Medicine's* Women's Faculty Development Caucus convinced the dean that more stable program support was highly desirable; the result is that the new position of Associate Dean for Faculty Development has been created.

- At *University of Washington School of Medicine*, the University Provost and the Dean appointed a blue-ribbon task force to issue a report on the status of women in the medical school. The Dean and Vice President for Medical Affairs appointed a second committee to review the recommendations of the task force and to suggest mechanisms for implementation.

- A WIM subcommittee of the Faculty Senate has been formed at *Albert Einstein University School of Medicine.*

- A Committee on the Status of Women that reports to the dean has been formed at the *University of Rochester School of Medicine.*

- *M.D. Anderson Cancer Center*'s Women Faculty and Administrators Organization now has a standing committee to evaluate the status of minority and women faculty and a working group to increase the visibility of women within the institution (see below).

- The Women's Issues Committee has been elevated to a standing committee of the *University of Massachusetts Medical Center.*

- At *Methodist Hospital in Indianapolis*, the WLO sponsored its first WIM program jointly with the Indiana Academy of Pediatrics.

At some institutions, individual departments are not waiting for more centralized activities but are moving ahead on their own. The department of pediatrics at *Albert Einstein* has formed a group called the Jacobi Society that meets on a regular basis to explore womens' needs and issues. New chairs of the department of medicine at *Johns Hopkins University School of Medicine* and *Georgetown University School of Medicine* have provided encouragement to the women in their departments to work toward improvements. At *Johns Hopkins,* a group of women in internal medicine meets monthly and a consultant has been hired to assist in program development. One early activity was to form a Task Force on Women's Academic Careers that produced a report on mentoring.

Observations About Creating an Office

Experience gained thus far allow a few observations regarding organizing an "office for women in medicine" or creating a position such as "director of women's programs" or "associate dean for women":

- Often the dean experiences an immediate value to appointing an associate dean or director because this person becomes responsible for meeting with individuals with gender-related problems. The availability of an administrator charged with pursuing these issues can improve communication among affected parties and prevent lawsuits. Especially with sexual discrimination and harassment problems, it is often true that the longer grievances simmer, the likelier that adversarial stances will solidify.

- Junior women faculty and students especially appreciate that a well-respected member of the administration has responsibility for dealing with gender-related issues. This senior person adds credibility to the issues. Otherwise, it is often true that the least powerful (and least effective) members of the community are the only ones raising these issues.

- Especially when the office/position is created to address the needs of other professional schools (e.g., dentistry) in addition to medicine, subgroups' needs may sometimes conflict. Even if the office's purview is limited to the medical school, the needs of students, faculty and administrators may compete with each other, especially if the office's resources are quite limited. It is probably better to try to address such conflicts up front with clear goal statements than to wait for resentments to develop.

- *Harvard Medical School* created the generically-titled Office for Academic Careers but charged it primarily with increasing the numbers of minority and women faculty at all ranks. The gender-free title eased its acquisition of political support and credibility. When a lot of men attend the programs sponsored by the Office, there is a tradeoff because the atmosphere is less intimate and open. However, in attempting to meet the needs of white men faculty as well, the director of the Office acquired a much richer institutional experience enabling him to better distinguish between gender-related and generic management issues (contact Dr. Clyde Evans, Director, Office for Academic Careers, 617/432-1134).

- A recommendation at the start-up of an office is to create an advisory committee of senior faculty as a brain trust to advise on priorities and activities; this group can also be valuable in helping the office get connected within the institution.

Funding

Discretionary funds available to many medical center CEOs are tighter now than at any time in recent history. Thus, activities that are new or not perceived as "core" usually have an uphill battle acquiring deans' financial support; WIM programs may fall into this category. And once obtained, funding is not assured in the future. For instance, in addition to funds raised from various community activities, the *Cornell University Medical Center* Office of Women in Medicine depended on donations from the Medical Center and from The New York Hospital; given the budgetary problems, the WLO reports that funding will now be much more difficult to obtain.

In response to the question "does the WLO or women's organization receive funding from the dean's (or CEO's) office?", 35 schools and 2 hospitals responded affirmatively. Of those, 17 also replied to the "how much?" question. The range was from $1000 to $12000/year, with a mean of $5020. Most of those not providing a specific amount noted either that support was provided for travel to the AAMC annual meeting or on a "as needed" basis or that "amount varied". In some cases, funds for WIM activities flowed from the general student affairs budget.

WLOs experiencing difficulty gaining adequate financial support for activities may wish to consider the following recommendations:

- The best time to request funds to support WIM programs *is at the beginning of program planning*. If dean's office support is not obtained at the beginning of a project, the WLO may be able to negotiate it once she and her colleagues can point to some positive results of programs already sponsored. Requests for dean's office support should be accompanied by: a detailed budget; evidence of the importance of an active WIM program to the whole institution; and an offer to meet to discuss the request. Presentation of the results of a needs assessment of women faculty and students (e.g., see *University of Virginia* above) can bolster the request for support.

- Another or additional approach increasingly used by women's faculty organizations is to charge faculty members modest, possibly even voluntary, annual dues.

- Local medical foundations and societies may help sponsor an event.

- While not without its downside, some WLOs have obtained funds from pharmaceutical companies to purchase food for WIM meetings or to help sponsor special events or receptions. Educational grants are also obtainable from pharmaceutical companies.

- Support from alumnae

Current Activities

Because of the impossibility of establishing firm categories, a frequency count of the activities reported by WLOs is impossible. Since an overview of the programs reported is primarily useful as a source of ideas, only a rough attempt has been made to provide an idea of frequency. It is however, of interest that the most commonly mentioned programs in 1989 were potlucks and receptions for students and/or faculty. In 1992, revising sexual harassment policies and offering related workshops took first place (see Chapter 3).

Following are the other activities mentioned by a number of institutions:

Activity	Schools
• publication of newsletter	*University of Arkansas, Case Western Reserve University, Brown University, and others*
• salary equity studies	(See Chapter 4)
• compilation and report of data on the representation of women faculty by academic rank	*University of North Carolina, University of California-San Francisco, and others*
• surveys relative to gender climate or faculty needs	*University of Colorado, University of Virginia, University of South Carolina, University of Minnesota-Minneapolis*
• general bimonthly or monthly meetings with featured speakers	*University of Southern California, Bowman Gray, Temple University, and others*
• career skill development workshops	*(See Chapter 6)*
• development of maternity and parental leave policies	*University of Southern California, Yale University, University of Chicago-Pritzker*
• gender-related activities sponsored during student orientation	*Ponce University, Rush Medical College, University of South Carolina*
• mentoring program linking women students and faculty	*Medical College of Pennsylvania, University of Minnesota-Duluth, Brown University*
• women's health programs	*(See Chapter 7)*

Activities less frequently reported include:

Activity	Schools
• inclusion of a section on the status of women in the LCME self-study	*Hahnemann University, University of Florida*
• improve access to child care	*SUNY-Syracuse, Brown University, Bowman Gray*
• establish scholarship fund for women	*Washington University, St. Louis University, Ponce School of Medicine*
• WIM celebration day	*University of Arkansas, SUNY-Syracuse, McMaster University*
• publication of directory of women faculty	*University of Rochester, University of Louisville*
• publication of guide for junior faculty	*Yale University, Case Western Reserve University, University of Southern California*
• support (or convince dean to support) women to attend AAMC's Professional Development Seminar for Junior Women Faculty	*University of Minnesota-Minneapolis, University of Chicago, SUNY-Syracuse*
• annual program featuring women's research	*University of California-San Francisco, Case Western Reserve University*
• career choice programs for students, e.g. lunch series to discuss each specialty	*Vanderbilt University*
• developed policy for extending tenure clock	*University of Arkansas*
• Grand rounds on gender issues in medical education	*University of South Florida, University of Alberta, Memorial University of Newfoundland*

Notable activities reported by one school (though probably occurring at others as well):

- Bed and Breakfast for women candidates interviewing for admission -- funded by volunteers, students and faculty (*Medical College of Ohio*).

- Women in Science monthly luncheons including women faculty from the medical school and university science departments (*University of South Carolina)*.

- Send women faculty c.v.s to NIH with goal of increasing numbers of women serving as ad hoc grant reviewers (*Cornell University*).

- McClintock lecture series for all university women with college-wide funding (*University of Kentucky*).

- Cultural Competence Project, including language training (*Rush Medical College*).

- Women's Awareness Week held annually to recognize the concerns and achievements of women on campus and in the community; last year over 30 events were sponsored including an art show, volleyball game, panels on transforming the curriculum, stress management, and advertising's portrayal of women (*University of South Florida*).

- In its new publication "Characteristics of the Graduate Physician: Aims of the Undergraduate Medical Program", the faculty decided to use the feminine pronoun throughout to denote both genders (*Memorial University of Newfoundland)*.

- Institutional grant to six women faculty to attend the Center for Creative Leadership (see Chapter 6) and then to establish focus groups to disseminate the information acquired (*Bowman Gray School of Medicine*).

- As part of its annual retreat for its administrative leaders, *University of California-Los Angeles School of Medicine* included a session on "Recruitment, Retention and Support Systems for Women and Minority Faculty".

- Gender Sensitivity Training for chairs (*Stanford University*).

- Comedy night in the fall ("Women Welcome Women With Comedy") (*University of California-San Francisco*)

- Practice sessions for students preparing for residency interviews (*Yale University)*.

- Program for fourth-year women students on transition into residency (*University of Missouri-Columbia)*

- Workshop for parents of women students (*University of California-San Diego)*

- Commission of portraits and dedications for stellar alumnae (*Cornell University)*

- Annual reception for incoming students honors a woman faculty member (*New York University)*

- Student-Parents Self-Help Group (*University of North Carolina*)

- Publication of "Guidelines for Nonsexist Language" *(Temple University*).

- Helped develop rape crisis intervention program at local hospital (*Cornell University*).

- Holiday gift collection for battered women (*Yale University*).

- Outreach to homeless women, and families (*University of Southern California)*

- Managed to get fraternity banned for sexist display (*University of Texas-Galveston)*.

- WLO asked to interview deanship candidates (*University of Calgary*).

- Working group responsible for providing lists of qualified women for consideration for senior positions, speakers for Grand Rounds, etc. (*M. D. Anderson Cancer Center*)

Among the numerous interesting program/workshop/seminar topics named by WLOs were:

• reproductive health issues	*Albany Medical College*
• role dissonance	*Medical College of Virginia-Virginia Commonwealth University*
• delayed childbearing	*Medical College of Virginia-Virginia Commonwealth University*
• writing for publication	*University of Louisville*
• financial planning	*Case Western Reserve University, University of North Carolina*
• working smarter, not harder	*Medical College of Wisconsin*
• working relationships between women physicians and nurses	*Washington University School of Medicine*
• self-defense	*Yale University*
• new visions of the male/female relationship	*Northeastern Ohio Universities College of Medicine*
• assertiveness training	*University of British Columbia*
• speaking at scientific meetings	*Harvard Medical School*

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CHAPTER 3

ADDRESSING SEXISM IN MEDICINE

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In all sectors of society, the exclusion and belittlement of women used to be legal and overt; there were no questions about who was in charge, who made the rules. Since the 1970's when discrimination based on sex was formally identified as a "rights" issue, women have achieved much progress. However, women with high aspirations must still adopt "protective coloration" in order not to appear too threatening. Moreover, outlawing bias does not prevent bias. In fact in the present era of "political correctness", to some extent sexual prejudice has gone underground, thereby becoming subtler and harder to address. Another recent outcome is that court battles in sexual harassment cases are leaving a legacy of bitterness, impairing rather than improving relationships between men and women (Leatherman).

Certainly men as well as women can suffer from differential treatment based on sex. But for purposes of this chapter, the terms "sexism" , "gender bias" and "gender discrimination" are used relatively interchangeably to refer to behaviors that adversely affect *women* primarily because of their sex. Sexist behaviors have such a wide range, from unconscious undervaluing of women's contributions to sexual assault, that a complete treatment is obviously outside the scope of this Handbook, and many areas (e.g., safety issues) are not dealt with at all.

The aim of this chapter is to provide leaders in academic medical centers with starting points for solving the problem of gender bias in medical education. First, selected studies and data are summarized to illustrate the scope of the challenge. The next section focuses on definitions and considerations when developing policies and on coping strategies. Finally, a variety of resources and programs already underway are briefly described.

At the outset it is helpful to consider *why* sexism has remained so firmly rooted despite the many advances that women have made in the professions in recent years. First of all, sexism is usually more about power than about sex. Most incidents seem to arise from the often unconscious need of a man to establish dominance in a relationship; frequently an audience for sexist comments is required to validate the dominance.

Sexism is also rooted in the expectation that women are best at caring for men and children. Actually until quite recently, only exceptional women expressed high career aspirations. Understandably, many men still expect to be supported by women in the workplace, as they are at home, and thus many remain unprepared to relate to women as equal colleagues and especially not as competitors. For their part, many women still seem and are content to be the servers rather than the decision-makers. Certainly all cultures need caretakers. But some of the present imbalances and bias can be traced to women learning as children not to be too assertive with men. Thus they find it more difficult than men to be "adequately aggressive", which may be defined as "taking initiative, insisting upon one's rights, defending oneself when attacked, recognizing one's goals and being able to plan one's life according to them" (Cantor et al.). Our society allows a narrower band of acceptable behavior for women than men here, with people of both sexes surprised by if not uncomfortable with ambitious and aggressive women. This narrower band is evident in other ways as well, eg, men are entitled to express anger and women are expected to placate them.

Sexism is further abetted by the reluctance of the victims of even the most egregious sexual harassment to file complaints due to fears about loss of privacy and retaliation. Individuals who have been importuned or molested in childhood, estimated to be between 5-10% of men and 10-30% of women, are more vulnerable than others to sexual harassment and to fears of retaliation. To such individuals, a random proposition or physical touching may bring up feelings of helplessness and rage far out of proportion to the stimulus. However even when women calmly and appropriately voice concerns about sexist behavior, they risk being labeled "whiners" and "troublemakers" and may be denied important academic opportunities as a result. Another common response to a woman drawing attention to sexist behavior is "it's not that bad--he didn't really mean anything" or "he's going through a bad time". Such down-playing is understandable. Harm is usually not *intended*, and people react so differently to stimuli; a remark that might cause one person to smile may alienate another. However, women tend to rate winks, jokes, and propositions as much more serious behaviors than men consider them (Rowe, 1990).

When Dr. Frances Conley (the only woman full professor of neurosurgery in the country) resigned from Stanford blaming the sexist atmosphere, the media helped focus national attention on the problem of sexism in medicine and on the question "Is sexism worse in medicine than in other sectors?" Contributing influences in medicine are the rigid educational hierarchy, the traditional inequality between doctors and all other members of the health care team, and the many opportunities to focus on anatomy. Long hours of emotionally taxing work and the "hazing" that occurs on some rotations also contribute to the breakdown of social barriers. However, given the care and respect with which members of the medical community would be expected to treat each other, medical centers should be much less sexist environments than many other arenas.

While women physicians are no more unanimous than men about the extent to which gender bias is a problem in medical education, few would argue that, especially in medicine, students of both sexes deserve an educational environment free of hostility, ostracism, and favoritism. Others would take an even higher road: eliminating gender bias from medicine is a *moral* imperative because physicians must ensure that their own stereotypes do not interfere with patient care and educational responsibilities.

Evidence of the Problem

No study can isolate the impact of gender discrimination on a person's career progress or the learning environment. However, many recent investigations have found substantial evidence of gender discrimination. Only the most relevant studies are summarized here (for studies from higher education, see especially the NACUA and NCRW references below).

In 1990, AAMC added the following item to the Medical School Graduation Questionnaire (GQ): "have you ever been subjected to sexual harassment or discrimination in medical school?"; 15% of the men and 60% of the women seniors checked "yes". The most frequent types reported by women seniors are sexist slurs and teaching materials. On the 1992 GQ, this question was rephrased to read "have you experienced mistreatment during medical school" followed by a listing of 18 types of mistreatment (students could check as many as applied). The results of the four related to gender are as follows:

	Women (% checking)	Men (%)
been subjected to sexist remarks directed at you personally	29	2
been denied opportunities because of gender	10	3
received lower evaluation solely because of gender	11	5
been subjected to unwanted sexual advances by school personnel	13	1

A number of studies have been conducted at individual medical schools. For instance, at one midwestern school, 77% of women and 69% of men students reported experiencing some form of abuse which was broadly defined (Richman, et al.). Specifically, women were more likely than men to report exclusions from informal settings (23% vs. 8%), discomfort listening to sexual humor by faculty and residents (61% vs. 21%), and unwanted sexual advances from faculty, residents or other staff (36% vs. 3%). This study also found that students reporting mistreatment were significantly more likely than others to experience depressive symptoms and to drink for escape. Another study of five successive classes at a midwestern medical school found that, while 34% of the women said they had personally experienced gender discrimination, 62% had observed such discrimination toward classmates (Grant). Most discrimination emanated from faculty, with relatively few problems experienced with classmates, patients, and nonphysician staff. The men students' perceptions of gender discrimination overlapped only partially with women's with regard to source and to the extent to which the sexism was subtle, covert or overt.

The Association of Women Surgeons surveyed its members; 50% of respondents experienced some type of sexual harassment or gender discrimination during their residencies or afterward (Sandrick). The American Medical Women's Association surveyed its members in the state of Massachusetts; within a one-year period, 54% of respondents encountered some form of sex discrimination (Lenhart et al). Stress levels were higher and organizational commitment (e.g., would you recommend this institution to a prospective candidate?) was lower for women experiencing discrimination compared to those not reporting any. Another finding is that rates of discrimination varied a lot by specialty, with surgery at the high end and psychiatry at the low.

The social psychology field provides insight into some of the subtler factors underlying gender bias. "Sex role spillover" is the carry-over of gender-based expectations into the workplace. A blatant example of this problem is for an attending to say to a student "I'm not going to teach you how to do this because you'll just have a baby and leave" (Sandrick). Studies show that characteristics assumed by many to be associated with femaleness are deference, loyalty, nurturance; the characteristics of sexy, affectionate, and attractive are also associated with femaleness. The cluster of characteristics usually associated with maleness (e.g., competitive, analytic, tough) does not, however, include a sexual component, enforcing the view of men as organizational, work-oriented beings. As a result of this stereotype, men can with impunity behave in more blatantly sexual ways than women can. Acceptable behavior for women falls into a much narrower band. For instance, in order to avoid giving sexual cues, a woman must be quite careful of her clothes (Gutek).

Professional women often face a "damned if you do, damned if you don't" dilemma: many men unconsciously expect women to conform to "feminine" stereotypes, but such behavior does not match norms for managerial behavior. For women, simply offering a substantive contribution may be enough to elicit other's displeasure. A study by Butler and Geis found that many group members who greet a male leader's contributions with approval look displeased in response to the identical contributions from a female leader. Negative facial expressions not only discourage the women; evaluators also sense the disapproval and conclude that the contribution is poorer in quality (Butler and Geis). Studies of organizations have also found that perceptual bias is greater when the job is stereotypically masculine, when candidates are highly competent, and when the evidence relative to appointment and promotion is ambiguous (Haslett, et al). These three conditions often hold true in medical centers.

In addition to documenting the incidence of sexism, most of the above studies cited above also provide some insight into how gender discrimination operates. The next research goal needs to be to design studies of how efforts designed to address sexism are working or failing to work.

Defining Harassment and Micro-inequities

The term "sexual harassment" has been so overused that many people tune out at the mention of it. In the face of our evolving understanding of the range of forms that sexism takes, the term "harassment" is also inadequate. For definitions, the single best starting place is the "primer" by Lenhart and Evans published in *Journal of American Women's Association*. The definition of sexual harassment offered there is: "A specific form of gender discrimination characterized by unwelcome sexual advances, requests for sexual favors, and other verbal and physical conduct of a sexual nature where: submission to such conduct is made, either explicitly or implicitly, a condition of an individual's training or professional position and the conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or of creating an intimidating, hostile or offensive work environment". As another example, a general definition in use in higher education is :"The use of authority to emphasize the sexuality or sexual identity of a student in a manner which prevents or impairs that student's full enjoyment of educational benefits, climate or opportunities" (National Advisory Council on Women's Educational Programs, 1980).

In 1983, Crocker analyzed a large number of university definitions of sexual harassment and expressed a number of cautionary notes: a) The words 'deliberate', 'intentional' and 'repeated'. . . potentially allow for extreme laxity in preventing, correcting or punishing sexual harassment; b) With regard to the issue of freedom of speech which is occasionally raised, it seems reasonable to ask *which group is hurt more* if its right is denied?; c) To be effective, the definition should: i) recognize the legal basis for university action; ii) place the problem in a social context, not isolating the individuals involved, and stress the importance of this issue for the integrity of the academic community; iii) include specific examples that suggest but do not limit the range of behaviors and experiences to be considered; iv) recognize the fact that sexual harassment occurs between people with unequal power.

A word here about legal rights. Title VII of the Civil Rights Act of 1964 bans sexual harassment and employment discrimination based on sex. Title IX (1972) prohibits the sexual harassment of students and academic employees. The Civil Rights Restoration Act of 1987 made the entire university subject to the requirements of the law (i.e., not just the offending department loses federal funding). Moreover, in the 1991 *Franklin v. Gwinnett County Public*

Schools case, the Supreme Court held that monetary damages were available to students if intentional gender discrimination is found. In addition, many states have passed gender discrimination laws, and most universities have promulgated institutional policies addressing gender discrimination. The National Association of College and University Attorneys (NACUA) offers an excellent summary of litigation of sexual harassment in educational institutions (as well as other resources). What is perhaps most important to recognize is that *most cases are dismissed* due to lack of conclusive evidence of sexual harassment (Dowell).

Due process in sexual harassment complaints also deserves mention. The American Association of University Professors (AAUP) reports "a disturbing number of recent cases in which a severe sanction has been imposed on a faculty member accused of sexual harassment with no opportunity having been afforded for a hearing before faculty peers (AAUP). A resource here is AAUP's document *Sexual Harassment: Suggested Policy and Procedures for Handling Complaints*, as is the AMA's *Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures* (see below).

Micro-inequities and Coping Strategies

While it is important to aware of legal rights, Tthe gender discrimination most commonly experienced by professional women is not addressable by legal means. The term "micro-inequity" is sometimes used to describe aspects of the work environment that are nonactionable but that do interfere with a person's growth and progress (Rowe 1990). Such inequities do not fall neatly into categories, but may be considered along a range of increasing severity from unconscious slights to deliberate exploitation. Following are common examples of this range (drawn largely from Lenhart and Evans):

unconscious slights: having negative presumptions made about one's professional capabilities or dedication, being left out of networks of peers, being referred to by one's first name when all the men are addressing one another as "doctor".

invisibility: having one's suggestions be attributed to a man.

conscious slights: the chief's knowingly scheduling important meetings at a time when a woman committee member cannot attend; a program head's publicly stating that a resident's pregnancy is an act of disservice to the department.

exploitation: disproportionately assigning women teaching and clinical work; paying women lower salaries.

Whether a behavior is deliberate or subconscious may be important in terms of deciding how to approach the individual about a slight. If the behavior is subconscious, the person may respond well to having the behavior brought to his attention. If the behavior is deliberate, a more political strategy may be necessary.

Much of the processing of how one's sees and evaluates people is subconscious. For instance, due to their comfort and experience with men residents, surgery chiefs may sign more patients over to men than to women residents (Sandrick). Nonetheless, when stereotypes and prejudice interfere with physicians' ability to *see and hear* their patients and students, it is their responsibility to work to eliminate the stereotypes.

One framework for considering coping strategies is *internally vs. externally focused strategies* (National Council of Research on Women). Examples of both follow.

Understandably but unfortunately, women have spent a lot more energy on internal coping rather than on building institutional approaches.

Internally Focused Strategies:
Detachment: Minimizing the situation.
Denial: Pretending nothing is happening, hoping it will stop, trying to forget about it.
Relabeling: Offering excuses for the harasser or interpreting the behavior as flattering.
Endurance: Suffering in silence, either through fear of retaliation, embarrassment, or in the belief that no one will help.

Externally Focused Strategies:
Avoidance: Quitting a job.
Assertion/Confrontation: Confronting the harasser, making it clear the behavior is unwelcome.
Appeasement: Attempting to placate the harasser.
Social Support: Seeking support and acknowledgement of the reality of the occurrence.
Seeking institutional help: Reporting the incident.

The most immediate need expressed by many women is for practical advice on responding to sexist comments. Sandler suggests that "the insidious nature of such remarks can perhaps best be understood by comparing them to similar racial remarks". For example, comments:

- that disparage women in general, e.g., most sexual humor

- that downplay women's seriousness and academic commitment, focusing undue attention on personal life

- in a professional setting that divert attention from a woman's professional attributes to focus on her appearance

- that are condescending, e.g., expressing amazement that such an attractive woman could be so smart

- that are paternalistic, i.e., more appropriate to a young daughter than to a student or colleague.

A more cynical view is that insecure men use the following as "weapons" (Lorber): condescending chivalry, supportive discouragement, radiant devaluation, liberated sexism, benevolent exploitation, considerate domination, and collegial exclusion (Benokraitis et al.).

Non-defensive, humorous comebacks to sexist remarks can diffuse their effect without necessarily jeopardizing "team spirit". However, most people under stress are not good at riposte, and such sallying may not go far in educating offenders that their remarks are sexist. One possible response to a sexist joke is to press the teller with a question such as "do you really believe that's how most women are" or "why do you think women would find that funny?"; this might encourage the person to think twice. However, if one person's remarks have become particularly troubling, it is helpful to keep a record of the incidents, including date, place, witnesses; this record will provide insights into the situation and important corroboration. Another strategy is to write a letter to the offending person e.g., "this is how what you did/said made me feel...". Whether to actually send the letter is a decision that should not be made alone and must be carefully weighed. Deciding which battles to fight is crucial, best done in consultation with a reliable colleague.

Other advice along these lines comes from two senior women in academic medicine. Lynne Reid, M.D., professor and former chair of Pathology at Harvard maintains: "You learn to speak up for yourself and your work when it really matters, but you have to let some of these things flow over you." Likewise Carol Aschenbrener, Chancellor, University of Nebraska Medical Center has stated: "I decided, at about age 30, that I wasn't going to expend any effort trying to change the attitudes of people who are not inclined to change . . . . It's more important to understand your own role" (Bickel and Green).

Some problems arise simply because men are used to talking to each other in ways that some women have little experience with. For instance, when a superior sharply tells a man he's done something wrong, the response is likely to be "OK, I'll fix it"; a woman subordinate is more likely to respond emotionally and to hear it as a personal criticism. By exploring cultural differences in the ways men and women communicate, Tannen's bestseller *You Just Don't Understand: Men and Women in Conversation* has shed light on such communication barriers. For instance, one of her observations is that individuals who tend to think in terms of hierarchies (in which they are either one-up or one-down) use conversations as negotiations and contests. But individuals who see the world as a network of connections tend to use conversations to give confirmation and support and to seek consensus.

The Conspiracy of Silence

Students' low position in the hierarchy and the subtlety of many sexual and sexist behaviors often ensure their silence. Students are often surprised at how "macho" and sexual-innuendo-filled the clinical environment can be. For instance, attractive young women may notice a twinkle in the attending's eye and receive special attention; while more welcome than a cold reception, the combination of such attention and (usually unconscious) "courtship" behavior is confusing, troubling, and virtually unaddressable. Many more serious examples are likewise difficult to address, e.g., a woman student reports to the student affairs dean that an attending has offered to give her a physical examination but swears the dean to secrecy. Because of fears of a negative evaluation, it is very difficult for a student to report one of her evaluators to an administrator. Likewise, a student confronting her resident could pay not only in terms of her grade; the resident also controls much of the quality of students' educational experience on that rotation. A resident bringing gender-related problems to the attention of the program director may be labeled "not a team player" and be passed over for honors and opportunities. The stakes are high.

The unintentional nature of many micro-inequities adds to the difficulty of addressing them, even when they are clearly creating barriers between men and women and interfering with collaboration and trust. Moreover, in many cases, there is no natural "forum" for discussion since the problem is with the culture itself. For instance, men faculty may be accustomed to asking men students to play handball or basketball. But, especially at schools with low numbers of women faculty, women students feel excluded from this collegiality and networking (although when women organize "women's meetings", a few men often make fun or question the need).

Because the deck is so stacked in favor of inertia, the availability of a neutral, trusted, central party within each institution is optimal. More on the ombudsman strategy appears below. Overall, institutional resources should be designed to both assist individual women in developing coping strategies and to improve the environment.

Sexual Harassment Policies and Next Steps

In 1992, the Accreditation Council for Graduate Medical Education approved the addition of an important provision to its General Requirements: in order to be accredited, sponsoring institutions must provide residents with policies and procedures whereby complaints of sexual harassment and exploitation may be addressed. While most medical centers already have institutional policies relative to harassment that cover residents, this requirement will act as a positive spur. Although the accrediting body for medical schools does not specify that schools must provide students with sexual harassment policies, most schools and/or their parent universities do have such policies. Below are named a few whose policies may be looked to as models:

- *Rush University's* Policies and Procedures on Harassment (contact *Beverly Huckman*, Equal Opportunity Coordinator and Women Liaison Officer, 312/942-7093).

- *Yale University School of Medicine's* pamphlet "Please Tell Someone" (contact *Merle Waxman*, Director, Office for Women in Medicine and Women Liaison Officer, 203/785-4680).

- *Albany Medical College's* Policy on Harassment (contact: *Susan Maxwell*, Assistant Dean and Women Liaison Officer, 518/445-5634).

- *Massachusetts Institute of Technology* Guide to Options and Resources on Stopping Sexual Harassment (write: MIT Information Center, 77 Massachusetts Ave., Cambridge, MA 02139).

- *University of Wisconsin System* has issued a statement condemning consensual romantic/sexual relationships between faculty and students and required each institution to develop its own statement and educational methods in this regard (write: Office of Equal Opportunity, University of Wisconsin, 1802 Van Hise Hall, Madison, WI 53706).

- *University of Toronto's* Policy and Procedures on Sexual Harassment includes an excellent background paper in the form of the Report of the Special Committee to review existing policies; also available are separate "Preventive Guides" for faculty, staff, students and graduate students (contact: The Sexual Harassment Officer, University of Toronto, 455 Spadina Avenue, Room 302, Toronto, Ontario M5S 2G7, 416/978-3908).

While pronouncements and policies forbidding gender bias are a necessary first step, they represent just the beginning of what is necessary. Training sessions for administrators, educational pamphlets and programs are essential adjuncts. Institutions may also benefit greatly from the creation of a loci for problem-solving. The **Ombudsman** concept, whereby a neutral party within an organization provides confidential and informal assistance in resolving concerns, has proven particularly valuable with regard to gender bias problems. This party can serve as counselor, go-between, mediator, fact-finder, upward-feedback giver, and "institutional pulse" monitor (Waxman). *Harvard Medical School and Dental School* recently appointed an ombudsperson and published a brochure describing this office as an "impartial complaint-handler who strives to see that people are treated fairly". In addition to sexual harassment, other appropriate concerns listed are: racism, whistle-blowing, working conditions, and favoritism (for more information contact: Linda Wilcox, Ombudsperson, 617/432-4041).

Other Written Resources

- The *American Medical Association* recently published *Guidelines for Establishing Sexual Harassment Prevention and Grievance Procedures* to help medical schools, residency programs and medical organizations address issues related to sexual harassment. Appended to the 19 pages of guidelines are the 1989 Report of the AMA Council on Ethical and Judicial Affairs "Sexual Harassment and Exploitation between Medical Supervisors and Trainees" and AMA's "Statement on Teacher-Learner Relationships in Medical Education-Code of Behavior". For more information, contact *Phyllis Kopriva*, Director of Women in Medicine Services, 312/464-4392.

- The *National Council for Research on Women* (NCRW) has published a 38 page compendium titled *Sexual Harassment: Research and Resources* that explores a number of facts about harassment, e.g., in typical cases, the accuser becomes the accused, and sexual harassment is over 30 times more expensive to ignore than to take steps to prevent. The report includes an up-to-date and very accessible legal overview of what constitutes harassment, but the emphasis remains on women's definitions and handling of the problem. Internally- and externally-focused strategies are discussed, and an agenda for change is presented. Appendices include lists of researchers and expert witnesses, organizations, guides, and conferences. Order from NCRW, 530 Broadway, 10th fl., NY, NY 10012, 212/570-5001 (cost is $16).

- The *American Council on Education* goes well beyond its 1989 statement with its new booklet *Sexual Harassment on Campus: A Policy and Program of Deterrence*. While stressing that prevention is the best tool for eliminating harassment, this 20-page handbook offers concise guidelines for developing a campus program to address existing problems. Included is a list of persons who have worked extensively on this issue and serve as consultants. Order from ACE, 1 Dupont Circle, Washington DC 20036 ($10 check must accompany order).

- Three issues of *Initiatives*, Journal of the National Association for Women in Education (Vol. 46:2 and 52:3,4) deal with sexual harassment on campus, exploring such subjects as harassment of nonacademic employees, harassment of women of color, and a variety of practical recommendations for addressing sexism. Order from NAWE (202/659-9330).

Educational Programs and Other Resources

- The *American Academy of Family Physicians'* (AAFP) videotaped vignettes illustrate important pressures and conflicts facing women in medicine. Following are examples of challenges which the vignettes portray: one of your patients says he doesn't mind dropping his shorts for you; your husband complains that he feels like a kept man because you make more money than he does; you can't find child care for your sick child and your colleagues are unsympathetic; you overhear colleagues' comments that you're so tough you must make your husband's life miserable; you're the only single woman in your practice so your partners assume that you will work on Christmas. The objective of the vignettes (which come with a Discussion Leader's Guide) is to facilitate exploration of personal values and priorities and of potential solutions to problems with stereotypes. Men and women students and faculty would benefit from viewing them together. AAFP also sells an excellent tape addressing racial and cultural bias. For more information, contact *Cathy Englund*, AAFP, 8880 Ward Parkway, Kansas City, MO 64114-2797, (800/274-2237).

- The *American Medical Women's Association* (AMWA) has established a *Harassment and Gender Discrimination Resource and Information Phone Line* for women physicians and students (703/838-0500; ask for *Lisa McLendon*). Callers will be connected with a consulting psychiatrist within 24 hours. Experience thus far shows that callers have received valuable personal support and, perhaps most important, assistance in separating emotions from considerations of action. AMWA also makes available to members resource packets to assist women in preventing, recognizing and dealing with discrimination.

- The *Stone Center for Developmental Services and Studies of Wellesley College* (Wellesley, MA 02181) now sponsors a workshop on "The Woman-Man Relationship: Impasses and Possibilities" conducted by Stephen Bergmann, M.D., Ph.D. and Janet Surrey, Ph.D. (617/527-3404). Participants are led through a number of typical impasses, e.g., dread/anger, power over/power with; and they succeed in exploring strategies for building relationships fostering mutual empowerment. Drs. Bergmann and Surrey have experience with many kinds of groups, including medical students and faculty.

- A videotape of Dr. Frances Conley speaking at Radcliffe College on her experiences with sexism is available for borrowing from Schlesinger Library (617/495-8647).

- Other organizations that can suggest speakers and approaches to problems are: *American Association of University Women* (202/785-7712); *Federation of Organizations of Professional Women (202/898-0994); American Association of University Professors* (contact Leslie Francis, 202/737-3026); *Association for Women in Science* (202/408-0742).

- Resource persons for conducting workshops on sexism and gender bias in medicine include: *Sharyn Lenhart, M.D.* (152 Holden Wood Rd., Concord, MA 01742); *Leah Dickstein, M.D.* (Professor of Psychiatry, U. of Louisville School of Medicine, Louisville, KY 40292); *Freada Klein* (617/577-1513); and *Merle Waxman*, Director, Office of WIM, Yale (203/785-4680). Workshop leaders with expertise relative to gender but not centered in academic medicine include: *Susan Case* (Department of Organizational Behavior, Weatherhead School of Management, Case Western Reserve U., 216/368-5018); *Jayne Tear* (The Jayne Tear Group, 212/580-4100); *Dorothy Knoll, Ph.D.* (U. of Kansas Medical Center, 913/588-4698); *Linda Weiner* (3920 Scioto #1401, Cincinnati, OH 45219, 513/475-3380).

- The *American Society for Training and Development* co-sponsored with Western Michigan University an innovative workshop presented by a national consulting firm, Karolus, Inc. This program includes a 45-minute professionally produced play depicting the emotional stress that sexual harassment causes; situations are taken from real life, and the audience becomes actively involved (contact *Dona Harris, Ph.D.*, Vice President of Education, MSU Kalamazoo Center for Medical Studies, 616/383-7180).

Other Examples of Action at Medical Schools

- *Stanford Medical Center* appointed a Faculty Senate Committee on Sexual Harassment and Gender Insensitivity and a Hospital Task Force on Discrimination. The Medical Center also brought in consultants from Equity Institute to develop workshops on a number of gender issues. Many department heads and faculty have already participated in "gender insensitivity" workshops (for more information, contact *Michael Cowan*, Director of Graduate Student Affairs, 415/723-6120)

- Examples of medical schools that have incorporated the subject of sexism into the required curriculum are *Northeastern Ohio Universities College of Medicine's* Human Values in Medicine Program (1st year course; contact *Delese Wear, Ph.D.*, Associate Director, Human Values Program, 216/325-2511) and *Georgetown University Medical Center's* Bioethics Problem-

Solving Course (2nd year course; contact *Warren Reich*, Professor of Bioethics, 202/687-1653).

- Examples of schools that formally address sexism during medical school Orientation include *Rush Medical College* (contact Lois Nora, M.D., J.D., Assistant Dean, 312/942-6915).

Other Approaches

- Led by its Organization of Student Representatives in response to recent articles on student abuse (Richman et al), in July 1992, AAMC distributed to deans and student affairs officers a statement on *"Reaffirming Institutional Standards of Behavior in the Learning Environment"*. This statement concerns behavioral standards and institutional procedures related to all kinds of student mistreatment--from discrimination based on gender or sexual orientation to the punitive use of grades (contact OSR staff Donna Quinn-Yudkin, 202/828-0682).

- Likewise, a number of medical schools have recently promulgated a code of professional conduct. For example, *Dartmouth Medical School's* new Code of Professional Conduct names a number of obligations (including not discriminating based on gender and sexual preference) and ideals (including dedication to lifelong self-improvement).

Legal Resources

- *National Association of College and University Attorneys* (NACUA) (1 Dupont Circle, Washington DC 20036/(202) 833-8390): The second edition of *Sexual Harassment on Campus: A Legal Compendium* includes recent articles on consensual relationships, EEOC policy guidance on current issues of sexual harassment, guidelines on developing policies, and sample policy statements from five universities and the American Association of University Professors.

- Other possibilities are:
  - State Bar Association, Civil Rights' Commission, and Women's Commission.
  - National Women's Law Center (202/328-5160)
  - Women's Legal Defense Fund (202/986-2600)

Conclusion

Sexism in medicine is not just a problem between two people but a problem with the academic environment and broader culture. In general the work of women students, researchers and faculty and the needs of women patients are not taken as seriously as those of men. All members of the academic medical community should challenge themselves to imagine an institution that is free of gender stereotypes and to do whatever is possible to confront and eliminate bias (Pearson, et al.). "Political correctness", if that means hiding bias, can only interfere with the work of self-examination and of sorting out when harassment has occurred versus when someone has overreacted.

Women need to more consciously include men in their discussions of bias so that men have access to their insights. Just as importantly, women need to listen to the perspectives of men because, discussing issues in isolation, women sometimes end up blaming gender discrimination when the problem is really generic for any one attempting to manage and lead. If women too quickly label a problem as gender-related, they arrive at naive conclusions, thereby demonstrating that they indeed "don't have what it takes" to lead. For their part, the many men who already value women as equal partners need to challenge peers' sexist behaviors. Institutional leaders set the tone in this regard; repeated demonstrations that sexism is unacceptable are necessary.

Many deans and chairs seem to be unrealistically pinning their hopes on the present infusion of young women students and faculty to fix the "leadership gap" and gender-discrimination. This hope ignores the facts that: a) some men need to change; b) bias is too pervasive for the strategy of "time" to solve it; and c) sexism will hamper the progress of young women just as it did their predecessors.

The above listing illustrates the large range of fronts on which leaders need to address sexism. A number of ideas can be suggested as well. For instance, an addition can be made to course evaluations so that students have the opportunity to rate faculty on their attitudes toward women and other minorities. At all appropriate opportunities, leaders will reinforce the importance of diversity and will highlight the excellent work of individual women and other minorities (Rowe, 1989). If they find that they don't know many of their women faculty personally, they will seek their company. Another strategy is to ask the affirmative action officer (if this person is well-respected) to meet with senior faculty and administrators to how to eliminate sexist behavior.

When leaders begin sending clear messages about the unacceptability of sexism, they must be prepared to respond to the women who come forward. It is helpful if written procedures are in place for dealing with, for instance, a chief resident who repeatedly asks women students for dates. Probably the hardest test of leadership is confronting a powerful department head about sexist behaviors and then taking appropriate action if the outcome of the communication is unsatisfactory. Since such highly visible role models set the standards for so many professional and personal behaviors, program heads must be held accountable for their influence on students and the gender climate.

The result of all of these efforts will not just benefit women; they will create a more hospitable and nurturing environment for everyone. They are, moreover, in line with the ongoing paradigm shift in social organizations away from a mode based on domination and control toward one based on collaboration (Suchman). Rather than protecting the status quo, medicine would be well served to lead the way.

Bibliography

Association of American University Professors, Committee A on Academic Freedom and Tenure. Due Process in Sexual Harassment Complaints, *Academe*, September/October, 1991.

Benokraitis, N. and Feagin, J. *Modern Sexism: Blatant, Subtle and Covert Discrimination*. Englewood Cliffs, NJ: Prentice-Hall, 1986.

Bickel, J. and Green, D. Improving the Environment for Women in Medical Education. *Association of American Medical Colleges Reporter*, 1:1-3, February 1992.

Butler, D., and Geis, Fl. Nonverbal Affect Responses to Male and Female Leaders: Implications for Leadership Evaluations, *J. Pers. Soc. Psychol.*, 58:48-49, 199.

Cantor, D.W. and Bernay, T. *Women in Power: The Secrets of Leadership.*, Boston: Houghton Mifflin Company, 1992.

Case, S. Communication Styles in Higher Education: Differences between Academic Men and Women. *Women in Higher Education: Changes and Challenges*, Welch, L. (Ed.). New York: Praeger, 1990.

Crocker, P.L. An Analysis of University Definitions of Sexual Harassment. *Signs: Journal of Women in Culture and Society*, 8:696-707, 1983.

Dowell, M. Sexual Harassment in Academia: Legal and Administrative Challenges. *Journal of Nursing Education*, 31:5-9, January 1992.

Grant, L. The Gender Climate of Medical School: Perspectives of Women and Men Students. *Journal of American Medical Womens' Association*, 43:109-119, July/August 1988.

Gutek, B. Sexuality in the Workplace: Key Issues in Social Research and Organizational Practice. In *Sexuality of Organization*, Hearn, J., Sheppard, D., Tancred-Sheriff, P. and Burrell, G. (Eds.). London: Sage Publications, 1988.

Haslett, B., et al., ed. *The Organizational Woman: Power and Paradox*, Norwood, NJ: Ablex Pub. Corp., 1991.

Leatherman, C. Legacy of a bitter sex harassment battle: Rising complaints, frustrations, fears. *Chronicle of Higher Education*. 10/14/92, p. A17-8.

Lenhart, S., Klein, F., Falcao, P., Phelan, E., and Smith, K. Gender Bias Against and Sexual Harassment of AMWA members in Massachusetts. *Journal of American Medical Womens' Association*, 46:121-125, July/August 1991.

Lenhart, S., Evans, C. Sexual harassment and gender discrimination: A primer for women physicians. *Journal of American Medical Womens' Association*, 46:77-82, May/June 1991.

Lorber, J. Can women physicians ever be true equals in American medical profession? *Current Research on Occupations and Professions*. 6:25-37, 1991.

Pearson, C.S., Shavlik, D.L. and Touchton, J.G. (Eds.) *Educating the Majority: Women Challenge Tradition in Higher Education*. New York: MacMillan Publishers, 1989.

Richman, J.A., Flaherty, J.A., Rospenda, K.M., and Christensen, M.L. Mental Health Consequences and Correlates of Reported Medical Student Abuse. *Journal of American Medical Association*, 267:692-694, February 5, 1992.

Rowe, M. What Actually Works? The One-to-One Approach. *Educating the Majority: Women Challenge Tradition in Higher Education*, Pearson, C.S., Shavlik, D.L. and Touchton, J.G. (Eds.). New York: MacMillan Publishers, pp. 375-383, 1989.

Rowe, M. Barriers to equality: The power of subtle discrimination to maintain unequal opportunity. *The Employee Responsibilities and Rights Journal*, 3:153-163, 1990.

Sandrick, K. The residency experience: The woman's perspective. *American College of Surgeons Bulletin*, 77:10-17, August 1992.

Sandler, B. The *Chilly Climate Revisited: Chilly for Women Faculty, Administrators, and Graduate Students*. (Association of American Colleges Project on the Status and Education of Women, Washington, D.C.: 1986.

Suchman, A.L. From the Biopsychosocial Model to Ecofeminism: Stalking the Wild Paradigm Shift. *Medical Encounter*: Newsletter of the Society of General Internal Medicine, Washington, D.C.: 8:12-13, Spring 1992.

Tannen, D. *You Just Don't Understand: Women and Men in Conversation,* New York: Ballantine Books, 1990.

Waxman, M. Institutional Strategies for Dealing with Sexual Harassment. *Employee Responsibilities and Rights Journal*, 3:73-75, 1990.

CHAPTER 4

WORKING TOWARD SALARY EQUITY

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The female-male earnings ratio for full-time workers remains about 65% (National Committee on Pay Equity). Why women earn lower wages than men is a multifaceted phenomenon related to the economics and politics of family care and the history of women's emergence into the labor force (Bergmann). These subjects are obviously beyond the scope of this Handbook, as is a summary of litigation related to salary discrimination (LaNoue et al., Bodner). Rather the focus here is on salary equity studies in higher education. While only one article has appeared in print relative to such studies in medical schools (Donoghue), information on the approaches of several medical schools is summarized.

Studies in Higher Education

Gender bias in salaries in higher education has been the subject of a number of studies (Pezzullo et al., Schau et al., Simpson et al.). The American Association of University Professors' Committee W on the Status of Women in the Academic Profession also periodically prepares a brief report (AAUP). The most recent of these found that the wage gap between genders has widened. In 1975, male full professors outearned females by 9.2% and instructors by 4.5%; in 1991, the gaps were 11.5% and 6.7% respectively. In its discussion, the AAUP Committee focuses on differences in pay between specialties as a source of disadvantage for women, i.e., the underpayment of female-dominated specialties is associated with the propensity to put a low value on work associated with women. In the university context, the Committee concludes that differences among departments are legitimate if they result from differences in the length of training, non-academic lucrative use of skills, or the rarity of the talent. However, inequities occur if the gender composition of a discipline affects faculty salaries or if tasks that are disproportionately assigned to women faculty (e.g., teaching introductory classes) are systematically underrewarded.

A number of other factors are noted in the AAUP report that disadvantage women:

- A higher proportion of women than men belong to two-career couples. Two-career couples have less geographic mobility, and women in such couples tend to be more limited than men in the extent to which they receive outside job offers. Salary gaps between equally meritorious people can open up if outside offers result in salary adjustments without attention to internal equity.

- Often salaries are adjusted with reference to the previous year's activities, with those judged to have an equally meritorious year given the same percentage increase. If two people are hired at different salaries, the year-by-year increment process will widen the original gap, even if the merit of the two people is judged as equal.

- While common practice in non-state supported institutions, strict maintenance of confidentiality of salaries often serves to mask and thus perpetuate inequities. Experience shows that allowing access to data almost always reveals gender inequities. On balance, therefore, openness is to be preferred.

Approaches in Medical Education

Gender differences in medical faculty salaries can be very hard to study because many physicians are paid from multiple sources, departmental averages vary enormously, and many departments include so few women at the top ranks that "groupings" are impossible. With regard to physicians' income, without controls for specialty or age, in 1988 women's income was 71% of men's (AMA). Looking at earnings per patient visit, women physicians average $18.57 per visit, which is also 71% of the average for men. Between 1981 and 1988, men's income/visit increased by 75%, compared to women's 66%. In most primary care specialties, however, women's earnings/visit are now within 10% of men's.

Every year, AAMC collects faculty salary information and publishes tables showing the mean, 20th, 50th and 80th percentile of total and base compensation by public/private, geographic region, degree, rank, and department (Smith). Gender data is not collected, nor is data on race or years completed in rank. In 1985, the University of Pennsylvania School of Medicine contracted with AAMC to create an expanded version of the AAMC instrument. In 1987, led by Glenda Donoghue, SUNY-Buffalo likewise used an expanded version of AAMC's questionnaire, adding the categories of sex, race and years of service. A comparison of two different time periods allowed an assessment of how policy changes had affected salary equity (Donoghue). AAMC's Section for Operational Studies will work with any school desiring a special augmented salary survey (contact William Smith, Jr., 202/828-0649).

Because of the increasing inquiries relative to conducting salary equity studies, AAMC WLOs were encouraged to write a brief summary (or ask their dean to) of any such study for publication in AAMC's newsletter *WIM Update*. The following schools have done so:

- LOYOLA-STRICH SCHOOL OF MEDICINE: Beginning several years ago, the dean began annually reviewing salaries for discrepancies for time at academic rank. As part of this process, discrepancies between men and women at equivalent ranks are also looked for. Adjustments have been made annually in both instances, a process that includes focused discussions between the dean and the chairpersons. As the dean's systematic examination has increased, the frequency of discrepancies has decreased, and the dean shifted the initiative for such scrutiny to the chairpersons.

- UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE: In 1984, the university president requested a review of salary levels for all university women. All women faculty and their supervisors completed a questionnaire asking for rank, current salary, and the names of faculty with "comparable rank and duties". Independently, each department head was asked to provide similar data and to make a recommendation concerning any salary adjustment. The dean of each college was asked to assess this information and make recommendations. A university-appointed committee made adjustment recommendations to the provost. The provost implemented almost all of the recommendations and instituted an annual review which has resulted in constant up-grading of salaries where inequities are detected. The committee's observations were: 1) salary inequities existed for many women, 2) some inequities were not part of patterns, 3) but some appeared to represent a departmental or college-wide pattern of bias with regard to hiring, merit award or promotions. The committee also observed that some women were reluctant to complain or to recommend adjustment.

- UNIVERSITY OF UTAH SCHOOL OF MEDICINE: Soon after the formation of the Women's Liaison Group in 1988, the Group set about learning how men and women faculty compared in terms of rank and salary. Six members of the group conducted a telephone survey of the women faculty. The information obtained was compared to the mean salaries by rank for each department. Information relative to the inequities discovered was provided to the dean, and where possible inequities were adjusted through negotiation between the dean and respective chair. The group recommended to the dean that annual review and evaluations be conducted.

- UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES: In order to determine whether salary discrimination by gender existed among tenure-track faculty, the faculty was divided into five major groups of departments by salary, based on AAMC published means (Smith). Mean number of years in rank and mean salary was obtained for every group for both sexes. "Possible" discrepancy was defined as mean salary for one sex which was less than 95% of the salary for the other sex in the same department and rank. In general, the results showed parity between the sexes; however, for several groups, the number of faculty was too small to allow comparison. The dean reviewed the "possible" discrepancies; each of these were found to be due to grouping artifact. "Probable" discrepancies were found in two groups, at the assistant professor level; women in these groups were hired at lower salaries than their male peers. These results suggest that women may negotiate salary less effectively than men and that hiring practices may be unfair. Plans are to repeat the survey in two years.

- UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE: For a number of years, the dean has followed the following practice: All departmental recommendations for women's salaries that are more than 10% below the mean salary recommendations of others of the same rank require explicit written justification, which must be acceptable to the dean and to a small committee of senior faculty comprised of a majority of women. Unresolvable salary concerns of women faculty have been extremely rare.

On request, one other school's WLO described their work:

- WASHINGTON UNIVERSITY SCHOOL OF MEDICINE: In 1991 the Pay Equity Committee was formed to determine if salary disparities existed between men and women. This Committee anonymously reviewed all of the salaries of full-time faculty, using statistical analysis that took into account number of years since the terminal degree, academic rank and department. The Committee found that women were underpaid compared to men in comparable academic positions. The most substantial discrepancies were found among non-MDs in clinical departments and in the medical specialties and subspecialties. No statistically significant differences were found in pre-clinical departments. The dean is currently reviewing mechanisms for resolving inequities. The information was distributed to chairs, and the Committee is currently performing a review to see what changes have been made since then.

Recommendations

Medical school leaders are well-advised to assure that gender bias is not interfering with salary equity at their institutions. Since this bias is so prevalent, the only way to assure that it is not a factor is to examine the data. Since salary criteria and data are often shrouded and imprecise, they *appear* unfair even if all intents are to be fair. Not to look in some detail at whether inequities exist can lead to costly, humiliating lawsuits that may jeopardize the whole university. The demoralization of women faculty who know that they are underpaid, however, can be even more damaging than a suit. In addition to the negativity and resentments generated within their own work environments, these women may also discourage potential applicants for residency and faculty positions.

A well-developed salary administration program can be quite valuable to the institution for reasons unrelated to gender. In these times of financial exigency, changes in retirement laws, revisions to tenure guarantees, and better defined performance and promotion criteria (Bickel), it is best to anticipate questions from a number of quarters about how salaries are determined.

Women are well advised to prepare thoroughly for all job-related interviews. One section chief tells the story of the three men in her division coming to their annual review with well-defined proposals related to salary, resources, goals, etc.; however, in their reviews the three women faculty did not even mention salary. Going into any job-related interview, it is helpful to know the mean salary for one's rank, region and department (see Smith); WLOs can use the WLO network to facilitate sharing such information with each other. In this regard many women need to improve their negotiating skills (see Chapter 6). It is often helpful to practice a job negotiation with a friend who can mimic a difficult department head.

Bibliography

American Association of University Professors Committee W. Salary-Setting Practices that Unfairly Disadvantage Women Faculty. *Academe*, July-August 78:32-5, 1992.

American Medical Association. *Women in Medicine in America: In the Mainstream*. Chicago: AMA, 1991.

Bergmann, B. R. *The Economic Emergence of Women*, New York: Basic Books, Inc., 1986.

Bickel, J. The Changing Faces of Promotion & Tenure at U.S. Medical Schools. *Academic Medicine*, 66:249-55, 1991.

Bodner, G. A. Analyzing Faculty Salaries in Class Action Sex Discrimination Cases. *Journal of College and University Law*, 10:305-323, 1984.

Donoghue, G. Eliminating Salary Inequities for Women and Minorities in Medical Academia. *Journal of the American Medical Women's Association*, 43:28-29, 1988.

LaNoue, G. R. and Lee, B. A. *Academic in Court: The Consequences of Faculty Discrimination Litigation*, Ann Arbor, MI: University of Michigan Press, 1987.

National Committee on Pay Equity. *Briefing Paper #1*. 1988. (1126 16th St., Suite 411, Washington DC 20036; 202/331-7343).

Pezzullo, T. and Brittingham, B. *Salary Equity: Detecting Sex Bias in Salaries Among College and University Professors*, Boston: Lexington, Press, 1979.

Schau, C. G. and Heyward, V. H. Salary Equity: Similarities and Differences in Outcomes. *American Educational Research Journal*, 24:271-286, 1987.

Simpson W. A. and Sperber, W. E. Salary Comparisons: New Methods For Correcting Old Fallacies. *Research in Higher Education*, 28:49-66, 1988.

Smith, W. *Report on Medical School Faculty Salaries, 1991-2*, Washington DC: Association of American Medical Colleges, 1992. $26 (to order call: 202/828-0416).

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CHAPTER 5

PARENTING AND FLEXIBILITY ISSUES

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While society might expect that physicians would play a leadership role in encouraging more family-oriented personnel policies, this has not been true. As is true in most sectors, men and women in medicine face many difficult questions about adapting their personal lives to fit professional responsibilities. Few men have articulated these dilemmas, but because women continue to be the primary caretakers both of children and aging parents, women physicians have begun to call for changes. Difficulties that women have balancing multiple roles are often met with a "you chose it" response, implying that they should elect to play one or the other. Only rarely are men required to contemplate such a choice (Shavlik et al.).

Tensions between professional and parenting responsibilities have gone unaddressed in medicine because it is so often assumed that physicians' biggest love must be their work. This work ethic creates a climate that discourages both sexes from focusing on their parenting role and is reinforced by a number of practical considerations. Hospitals are increasingly tightly run, with little financial "fat". Hospital administrators must keep the enterprise afloat, and medical directors must ensure uninterrupted patient care. Covering resident and staff absences and providing child care complicate both tasks.

In 1991 AAMC published *Medicine and Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors* (Bickel, 1991b) which summarized available information on parental leave policies and child care arrangements in academic medicine. This booklet also addressed a number of frequently asked questions such as: 1) what does a physician-in-training need to think about regarding starting a family? 2) how should medical students respond to program directors' inquiries about their personal lives? and 3) what about shared residency slots? This booklet remains the most comprehensive source of information on these subjects.

Rather than reprinting parts of *Medicine and Parenting*, this chapter provides an overview of more recently published perspectives and information. Since medical students, residents, and faculty are distinct in terms of "personnel" status, the chapter is organized thusly.

Medical Students

As students pay tuition for the opportunity to attend school, the question of "leave" has a very different cast than it does for an employee. Nonetheless, many students do experience difficulties adapting their personal lives to fit educational demands, and vice versa, especially women who are primary caretakers of children or aging parents.

Noticing that the number of students requesting curricular/educational accommodations has been growing, in 1992 Case Western Reserve University School of Medicine convened an ad hoc committee on flexibility of curriculum for unique student needs. This committee made the following recommendations which may be of interest to other medical schools:

- Medical school faculty and administration should strive for maximum flexibility without jeopardizing students' acquisition of clinical skills;

- All students should have available to them information describing the problems of combining pregnancy, child care, or elder care with their educational responsibilities;

- Each discipline should prepare a written decelerated curriculum in order to allow for uniformity and clarity in implementation;

- Faculty should avoid bias in evaluating students seeking flexibility;

- Students should have the following options: a) short leaves of absence between clerkships; b) extended clerkships with an educationally equivalent workload spread over up to 50% more time; and c) permission to take certain core clerkships in the fourth year.

The CWRU committee suggested the following eligibility criteria for extended clerkships: candidates should have completed all curricular components of the first two years without significant evidence of academic weakness. Indications include pregnancy, family illness, child care, elder care or other pressing needs. The committee also outlined a number of administrative aspects, including lead time for submission of requests, documentation of the need, and appeal procedures. (For more information, contact: *Dr. Candice Johnson*, 216/459-4832).

A second student concern to be addressed here relates to preparing for personal questions during the residency interview. The law prohibits discrimination in hiring decision on the basis of sex. Questions pertaining to marriage or pregnancy plans may be evidence of discriminatory intent, and candidates are not required to answer them. If a program does not select a resident, the fact that the questions were asked can be offered in support of a claim against the program because interviewers should only ask for information that they intend to use in the hiring decision. Likewise, applicants' questions on leave policies are better kept separate from the evaluation interview itself.

Since applicants wish to please rather than alienate interviewers, personal questions especially in the sensitive area of childbearing plans present a difficult challenge. One possible response to a maternity-related question is: "I understand why you ask that question even though it is illegal for you to use my answer to discriminate against me. Here are my intentions relative to parenting..." Students should continually return to their *professional* qualifications and their expectation that their personal life will not keep them from completing educational and patient care responsibilities. Questions about child care should be answered so as to prevent further discussion (e.g., "I'm certain my spouse and I will locate the help we need. Now as I was saying about my research elective..."). Students should practice their responses to personal questions. Some student affairs (e.g., Dartmouth Medical School) or WIM offices (e.g., Yale University) sponsor such practice sessions.

Residents

Since residency is the interval with the longest work hours, it is unfortunate that it coincides with the best childbearing time for many residents. Whether to attempt the combination is often a difficult decision. Three recent studies shed some light here. Pediatricians who had trained at eight university-based residencies between 1981 and 1987 were surveyed about the factors affecting decisions related to childbearing (Wilson et al.). Of those who were married but did *not* have children during residency, the women were significantly more likely than the men residents to believe that having a child would have had a negative influence on their careers and that child care arrangements would be a problem. By contrast, among those who *did* have children, the perceptions of the men and women in did not differ in this respect. More importantly, 72% of parents felt that having children during residency had a positive impact on their careers. Over 80% responded positively to the statement "if I could do it again, I would definitely have a child during residency".

The largest recent study of residents found that 29% of women residents experienced at least one pregnancy during residency; 8% voluntarily terminated the pregnancy but 78% of pregnancies resulted in live births (Klebanoff et al.). This study found that in spite of the women residents' long hours, they were not at a significantly increased risk of spontaneous abortion compared to wives of male residents. Responding to the subsequent letters to the Editor, the authors state, however, that "more reasonable policies on pregnancy and parental leave are urgently needed" (*JAMA*, 324:631, 1991). In addition to policies, an editorial accompanying the Klebanoff study titled "A pregnant surgery resident? Oh my!" summarized other essential elements as follows: "Careful family planning, good communication, flexibility from the program director and faculty, support from coworkers, and most important, support from the resident's spouse are the ingredients of successful childbearing during residency" (Huang et al.).

Another recent retrospective study of women obstetricians/gynecologists, psychiatrists and surgeons found that, of the 31% experiencing pregnancy during residency, only 10% of those who carried to term had stopped work prior to delivery or scheduled maternity leave (S. Phelan). This study found that the major sources of stress were fatigue, frequency of call, emotional strain of the residency, and long hours. Many (25% of psychiatrists, 32% of obstetricians/gynecologists, and 44% of surgeons) indicated that they would not recommend the experience of pregnancy during residency to others.

There are many understandable differences among specialties and programs with regard to policies for and difficulties of arranging time off for childbearing; therefore, generalities are not very useful. The most recent national survey found that now 75% of residency programs have written maternity leave policies, varying from two weeks to three months (AMA). In 1987, the American Academy of Family Practice surveyed residency programs and found that 68% had established maternity leave policies (up from 42% in 1983) with an average duration of six weeks. Paternity leave policies had been developed by 27% (AAFP). Their report includes examples of policies. Subsequently, AAFP has recommended policies on parental, paternity and adoption leave during residency (see more below).

A survey of 15 Boston area teaching hospitals revealed that 82% had a written maternity policy; 75% of these reported variation from department to department (E. Phelan). In her discussion of these results, Phelan stresses the advantages of a written policy. In the absence of a policy, residents have a greater tendency to delay discussions with the program director, and the director may be more inclined to adopt a persecutory or patronizing attitude about the pregnancy. A written policy encourages pregnant residents to be open with her plans, thus providing maximum opportunity to minimize the impact on the program and on other residents.

A number of adaptations have been tried that can add flexibility relative to pregnant residents:

- Allow residents to design home study or reading electives around the estimated delivery date that comply with Residency Review Committee requirements (recommended by the AAFP).

- Home electives should have established goals with measurable products, e.g., a paper and presentation of it.

- Exclude the resident from night call for the last month of the pregnancy in order to prevent other residents from having to "scramble" to cover. The pregnant resident could cover night call for the scheduled residents on a rotational basis until she delivers (S. Phelan).

- One program director has had positive experience with annually asking the residents to come up with a plan for parenting leave; there is less animosity toward pregnant residents if everyone has had input into the coverage plan.

Residents who desire more flexibility than is possible in a traditional residency may look for a part-time shared or reduced-schedule residency. In 1990, 744 or 16% of responding programs reported offering part-time shared positions (Rowley et al.). Specialties most likely to offer part-time positions are internal medicine, family medicine, pediatrics, and psychiatry. AAMC's 1992 survey of major teaching hospitals found that 36% said it was possible for residents to share a position, though about half of these reported that no residents were currently sharing a position (AAMC). In addition to managing on the reduced salary, another difficulty residents contemplating this route face is finding someone with whom to share a position. The American Medical Women's Association (703/838-0500) maintains a list to help women trainees find each other. Another route is to advertise in specialty magazines to locate a partner. Candidates for residencies who are considering part-time should explore the possibility before or after the evaluation interview (best not during because it may deflect attention away from professional characteristics).

Programs with many women residents are experimenting with various methods of sharing a position. "One day off/one day on" is probably the least workable method; splitting time by weeks or months is preferable.

Faculty: Leave Policies and Lengthening Time to Tenure

As of 1989, 22% of U.S. medical schools had no written guidelines for maternity leave for faculty; 34% have specific maternity leave policies, and the remainder categorize this leave as a form of sick or disability leave (Grisso et al.). Examples of schools with specific childbearing and parental leave policies are *Yale University School of Medicine, SUNY-Syracuse, and the University of California system*. For instance, at Yale a pregnant faculty member may have a total maternity disability leave of six weeks, with pay and fringe benefits.

With regard to parental or child*rearing* leave, 32% have guidelines, usually stipulating leave without pay (Grisso et al.). If faculty take such leave, most have to pay for the cost of their benefits during the leave, and they may still engender the resentment of other faculty because of shifts in assignment of responsibilities. A new option at the University of California is "active service-modified duties": following childbirth or adoption, a faculty member may request a period of modified duties; the total leave time plus "modified duties" will generally not exceed 12 weeks. Another helpful approach, especially in departments with many young women faculty, is to set aside funds for hiring clinicians on a temporary basis to assume the responsibilities of faculty members around the time of their deliveries (see: B. Bohlmann, Letter to the Editor, *JAMA*, 266:2223, 1991).

Helpful to tenure-track faculty, many schools now have a "clock-stopping" provision (Bickel, 1991b). For instance, at the *University of California-San Francisco*, tenure-track faculty may postpone the tenure review up to one year within two years after the birth or adoption of a child or the illness of a family member (Osborn et al.).

A number of schools have lengthened the tenure probationary period. The following list (compiled by Janet Froom, Staff Associate, AAMC Division of Institutional Planning and Development), is not comprehensive but may be helpful to schools considering this option. The schools included below have probationary periods (i.e., maximum time from initial appointment to tenure decision) of eight years or longer (not including "stop-the-clock" provisions).

Institution	Probationary period
University of California Schools of Medicine (Davis, Irvine, Los Angeles, San Diego, San Francisco)	8 years
Yale University School of Medicine	10 years
University of Chicago Pritzker School of Medicine	Variable[1]
Tufts University School of Medicine	10 years[2]
University of Michigan Medical School	8 years
Washington University School of Medicine	10 years
University of Nebraska College of Medicine	Indefinite[3]
Cornell University Medical College	9 years
University of Rochester School of Medicine and Dentistry	10 years[4]

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[1] Probationary period varies depending upon a number of factors including rank of initial faculty appointment. In the most extreme case, a faculty member may serve four years in the rank of instructor, six years as assistant professor, and five years as associate professor before facing a final tenure decision. (Appointments to the rank of associate professor and professor are normally tenured positions, but faculty may serve for as long as five years in the associate professor rank without gaining tenure.) Probationary periods, then, may vary from seven years to 15 years.

[2] Tenure appointment for basic science faculty only.

[3] Faculty can be on the tenure track in untenured status indefinitely; whenever they are able to meet the requirements for tenure, their chair can nominate them.

[4] Associate professors on the tenure track may be considered for unlimited tenure after the first five years or after the second five; if they do not meet the requirements at that point, they may switch to the non-tenure track.

Bowman Gray School of Medicine	Variable[5]
Duke University School of Medicine	8 or 11 years[6]
Case Western Reserve University School of Medicine	9 years
Jefferson Medical College	Indefinite[7]
University of Pennsylvania School of Medicine	10 years (clinicians only)[8]
Vanderbilt University School of Medicine	9 years
Baylor College of Medicine	Indefinite[9]
University of Texas Medical School at Houston	8 years

Faculty: The Part-Time Option

Working less than 100% for a period of time is gaining in acceptability. For instance, a survey conducted by *MD Magazine* asked "should physicians with heavy family obligations be allowed to choose a limited work week for reduced pay?"; 94% of women and 84% of men responded positively.

In 1991 Levinson and Bickel conducted a study of part-time faculty in internal medicine

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[5] "An approach that mandates promotion of full-time faculty to Associate Professor after seven years as an Assistant Professor is used as a guideline. . . . After attaining the rank of Associate Professor, tenure may be subsequently and separately considered as another reward. Tenure is considered in a fashion similar to another promotion in rank." (*Organization and Policies Handbook*, December 17, 1987)

[6] The university recently moved from a seven- to eight-year probationary period. Medical school divisions and departments now have the option of specifying 8 or 11 years. (The argument was made that clinical faculty needed more time, but many basic science departments have also opted for the longer period.)

[7] A faculty member who reaches the rank of associate professor in the tenure track may renew contracts for an indefinite period of time without receiving tenure. Chairs refer tenure decisions to the dean and trustees for faculty who have attained the rank of professor.

[8] Clinicians on both tenure and clinician-educator tracks have a 10-year probationary period, whereas basic scientists and faculty on the research track have a seven-year one. Basic science chairs recently attempted to extend this period by one year, but the basic science faculty (heavily influenced by the AAUP) voted against it.

[9] There is no "up-or-out" policy. Faculty members may remain at any of four tenured ranks (associate professor, associate professor of clinical, professor, professor of clinical) for an indefinite period of time. Timing of promotion and tenure decisions is at the discretion of the department chair.

(Levinson et al.). The profiles of the men and women respondents differed a lot. Women's choice of the part-time faculty option was geared to childrearing, whereas the men part-timers tended to also have a private practice commitment. Sixty-four percent of women versus thirty-seven percent of men reported developing the part-time faculty position themselves. Thirty-two percent of women compared to 13% of men indicated that they intended to pursue a full-time academic career in the future. Women reported a mean of 4.4 years of post-graduate training and men, 4.9 years (not significantly different). From the written comments relative to disadvantages, both sexes indicated lack of respect from colleagues and limited benefits/salary.

Two schools with policies that do not penalize part-time faculty are *Yale University School of Medicine and Medical College of Wisconsin*. At Yale University, if tenure-track faculty choose to assume a part-time position, they may have up to 13 years to gain tenure. Part-time faculty have a prorated adjustment of salary, paid leave eligibility, maximum permissible time-in-rank, and some fringe benefits.

At the Medical College of Wisconsin, a number of women general internal medicine faculty have worked to improve this option; of the 34 current faculty members, 14 are women, 8 of whom work part-time. Originally, this was defined as 50-70% of full-time with prorated vacation and sick leave and the option of participating in the retirement plan. Malpractice insurance was not paid for at first, but when one new physician said she would not come without it, her payments were reimbursed. As the part-time option gained in acceptance, pressure to pay for everyone's malpractice coverage led to the creation of a formal category called "full professional effort" (FPE), meaning that all of a person's professional effort was under MCW auspices. Individuals in this category were defined as working at least half-time (1000 hours per year) but less than full-time and as promotable on the clinician/educator track. FPE faculty have renewable contracts, have their malpractice coverage paid, can be part-time indefinitely and can purchase health insurance. Several faculty are also negotiating for protected research time. Most recently, the Medical College of Wisconsin Women's Faculty Advisory Council recommended that in order to prevent division chiefs from forgetting about part-time faculty, these faculty should meet a time deadline for promotion as full-time faculty do. Thus the new policy for FPE faculty states that "allowable time at each faculty rank is determined by prorating the time allowed to full-time faculty according to the percent effort." Since allowing faculty to work part-time in 1985, no part-time faculty member has left the division of general internal medicine (for more information contact *Bonnie Tesch, M.D.*, assistant professor, 414/257-8212).

Looking Ahead

Even though the U.S. remains the only major developed country in the world without provisions for paid and job protected maternity leave, the political climate is changing. Also more men are recognizing that these are not "women's issues" but rather improvements that will benefit *families* and that will encourage employees to lead more balanced lives.

A commitment to parents should go beyond token adjustments. The best example in academic medicine of a comprehensive approach is Beth Israel hospital in Boston (contact *Laura Avakian*, Vice President, Human Resources [and WLO], 617/735-2800). Beth Israel's "Commitment to Working Parents" is part of its mission relative to the "Scanlon Plan" of participatory management. Features include:

- flexible benefits (and part-time are eligible for most of them)
- earned time program (combines traditional sick, vacation and holiday hours into one bank to provide maximum flexibility in determining how to use paid-time off).
- flexible scheduling and job sharing
- on-site childcare, accommodating ages 6 weeks to 5 yrs, open between 6:30 am and 6:00 pm
- dependent care referral service
- breastfeeding support program
- piloting a work-at-home program for some clerical staff
- lunchtime programs of special interest to parents

Catalyst (a national research and advisory organization that works with corporations to foster the career and leadership development of women) surveyed 50 human resources professionals in diverse industries regarding outcomes of flexible work arrangements (include part-time, job sharing, and telecommuting): 68% said flexible work arrangements had improved retention, 58% said such arrangements had positively influenced recruitment; 65% reported that employees who utilize flexible work arrangements sustained higher productivity; and 70% reported that these arrangements had a positive effect on employee morale (Catalyst). This study also found that flexible work arrangements are successful in line positions and jobs with supervisory, client and travel responsibilities.

For "bottomline" reasons, corporations are moving faster in these directions than the academic community is. Many corporations are apparently finding that to retain the best employees, it is necessary to have family friendly personnel policies. Questions unimaginable a few years ago are being asked: "what would happen to corporate policy if the parenting of children were treated as a normal circumstance of employment"? and "what would a workplace look like if the employer regarded children as a valuable long-term asset?"

Because of its patient care mission, more so than many other sectors, medicine espouses very high ideals relative to efficiency and productivity and to the ethos of caregiving. Often the result is that the caregivers, especially those trying to be parents, receive little "care" themselves. Since these ideals of productivity and caregiving are unlikely to change, it may be that the main stimulus toward creating parent-friendly policies and resources will be the recruitment needs of hospitals and practices.

Bibliography

American Academy of Family Practice. *Maternity/Paternity Leave.* Kansas City, MO: AAFP, 1988. (call 800/274-2237).

American Medical Association Women in Medicine Advisory Panel. *Maternity Leave Policies.* Chicago: AMA, 1991 (call 312/464-4392).

Bickel, J. *Medicine & Parenting*. Washington DC: AAMC, 1991 (call 202/828-0416 to order).

Bickel, J. The Changing Faces of Promotion and Tenure at U.S. Medical Schools. *Academic Medicine* 66:249-56, 1991.

Catalyst. *Flexible Work Arrangements: Establishing Options for Managers and Professionals.* NYC: Catalyst, 1990 (call 212/777-8900).

Grisso, J. A. et al. Parental Leave Policies for Faculty in U.S. Medical Schools. *Annals of Internal Medicine*, 114:43-45, 1991.

Huang, E. et al. A Pregnant Surgery Resident? Oh My! *JAMA* 265:2859-60, 1991.

Klebanoff, M. et al. Spontaneous and Induced Abortion Among Resident Physicians. *JAMA*, 265:2821-5, 1991.

Levinson, W., Kaufman, K. and Bickel, J. Part-Time Faculty in Academic Medicine: Present Status and Future Challenges, *Annals of Internal Medicine*, in press.

Osborn, E., et al. Women's Attitudes Toward Careers in Academic Medicine at the University of California, San Francisco. *Academic Medicine*, 67:59-62, 1992.

Phelan, E. A Survey of Maternity Leave Policies in Boston Area Hospitals. *JAMWA*. 46:55-8, 1991.

Phelan, S. Sources of Stress and Support for the Pregnant Resident. *Academic Medicine* 67:408-10, 1992.

Rowley, B., et al., Selected Characteristics of Graduate Medical Education in the U.S. *JAMA* 266:933-43, 1991.

Shavlik, D., et al. The New Agenda of Women for Higher Education, in *Educating the Majority: Women Challenge Tradition in Higher Education*, edited by C.S. Pearson et al., NY: MacMillan Pub. Co., 1989.

Wilson, M. D., et al. Attitudes and Factors affecting the Decisions of Men and Women Pediatric Residents toward having Children during their Residencies. *Academic Medicine* 66:770-2, 1991.

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CHAPTER 6

CREATING PROFESSIONAL DEVELOPMENT PROGRAMS: LEADERSHIP ISSUES

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This chapter opens with a brief overview of the gender gap in academic medicine's leadership, followed by descriptions of the targeted activities of a few schools. Many books and articles have been written in recent years regarding women's career development, and those likely to be most germane to women in academic medicine are included in this section's bibliography. The rest of this chapter offers ideas for creating professional development seminars at the local level as well as possible leads for individuals.

The Leadership Gap

The proportion of women faculty at the rank of full professor has not yet broken 10%, whereas the proportion of men faculty at this rank is 32%. When the year of appointment is controlled, 10% of women but 22% of men have reached the rank of professor 15 years later (Bickel and Whiting). Only about 4% of department chairs and 1% of medical school deans are women.

This gap is the result of many interrelated features of the education and advancement system, few of them unique to medicine, and of common differences in the ways that women and men experience these systems (Bickel 1988, Eisenberg).

For the most part, anyone deviating from the traditional academic career trajectory has been unlikely to enter the upper echelons. Establishing oneself as a teacher, clinician, and researcher within the typical seven-year tenure probationary is a challenge for any physician, but especially for parents (see Chapter 5). Productivity as a investigator (and this is the surest route to leadership positions in academic medicine) is the hardest requirement for most faculty to achieve because three or more years of funded research training beyond residency is desirable, plus two or three years of full institutional support prior to obtaining independent extramural funding. To maintain such a career, at least one third of one's time should be committed to research (Applegate et al.). In the face of clinical, teaching and administrative assignments, this one-third is very difficult to protect, especially during this era of virtually unprecedented competition for patients and research funds.

Having a mentor is crucial to weathering these challenges, but women are less likely than men to have a mentor (e.g., Osborn, et al.) or to have institutional support for their research (Carr et al.; see also Chapter 4). While not a direct hindrance to career development, women are demoralized when they find that men with equivalent rank and qualifications are receiving higher compensation than they (Carr et al.).

An additional challenge for women seeking career success is their cultural socialization. For instance, in looking at the trait of "achievement orientation", investigators have found that women sometimes avoid channeling their need for achievement into power-related activities because power is inconsistent with the feminine stereotype (Case). Moreover, women more than men are socialized to seek meaning primarily in relationships and in the achievements of those they nurture (Miller). Thus it is not surprising that women are over-represented on non-tenured clinician-educator tracks (Bickel and Whiting). Other contributing factors in this regard are a reluctance to negotiate on their own behalf and a tendency on the part of some leaders to assume that women lack the ability or desire to compete on the tenure track.

Such negative influences - the structural inflexibilities, the traditional "male" career trajectory remaining the standard, the lack of strong mentors, the cultural and perceptual bias against women devoting a lot of energy to their careers--have a cumulative and synergistic effect. Another contributing factor is isolation, with each woman struggling in a vacuum to make sense of promotion requirements. Since requirements tend to be composed of ambiguous definitions, success is dependent upon understanding the values and culture of the institution. Without formal or informal networks, women tend to underestimate the importance of organizational culture, politics, and budgets. A study of Fortune 500 companies found that, rather than encountering a glass ceiling as they try to reach the top, women have greater problems with a "glass wall" in the form of intangible barriers, based largely on the organization's traditions (Catalyst). This culture is influenced by the depth of gender stereotypes, methods of performance appraisal, the openness of networks, and assumptions about balancing career and family.

Approaches to Closing the Gap

Institutions committed to the deliberate development of women have a number of options, and at least one specialty has specifically addressed strategies in a position paper (ACP). One idea is for all search committees to include at least one woman. As a matter of policy, a former dean required this even when a woman with that specific expertise was not available, thus helping women faculty to develop networking and recruiting skills. Another place to start is for the school to examine its record of promotion of women faculty (examples are *University of North Carolina, Columbia University* [Nickerson, et al. have published Columbia University's methodology and results]).

Faculty development programs open to all faculty that foster their improving their teaching, research and administrative skills are also important. A study of faculty development and organizational systems behavior found that a strong relationship exists between faculty development parameters (e.g., supporting junior faculty research) and behaviors such as defining tasks clearly and resolving conflicts satisfactorily (Henley et al.).

Strategies for orienting new faculty are also highly desirable. While welcoming receptions get the networking ball rolling, a more useful orientation would include a discussion of faculty policies and institutional resources. A few schools (in addition to Yale, see below) have published a "survival guide" targeted at new faculty and hold sessions where faculty can ask questions about institutional procedures (*Case Western Reserve, University of California-San Francisco*). Also optimal for new women faculty would be a workshop on negotiating skills, since this is the time when a faculty member's options are the most wide-open. Perhaps WLOs could work with the faculty affairs administrator in developing such a program. While most faculty will prefer to keep the focus on their own school's faculty policies, sometimes a broader perspective about national trends is helpful relative to promotion and tenure (Bickel 1991) and about faculty evaluation issues (Froom et al.).

Following are examples of more targeted approaches:

MCMASTER UNIVERSITY: In 1990 McMaster University established a Task Force on the Integration of Female Faculty. The Faculty Senate approved most of the Task Force's 31 recommendations, which included: 1) that criteria by which candidates for academic administrative posts are judged be widely understood; 2) that an annual report to the Senate include a review of the percentage of women hired by type of appointment to ensure that the hiring of women to tenure-track positions does not fall below their proportion in the available pool; and 3) that mechanisms be created to ensure that qualified women participate in important decision-making committees. Principles guiding the implementation of the recommendations include: visibility of procedures, equitable treatment, and climate of support. Evaluation of each department is measured against these principles rather than legalistically against each of the recommendations (contact *May Cohen, M.D.*, 416/525-9140 ext. 2313).

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO: In order to identify the concerns of and barriers for women considering careers in academic medicine, UCSF surveyed both men and women medical students, housestaff, fellows and junior faculty (see Osborn, et al.). The questionnaire consisted of 20-30 items and varied slightly for each group. Among the many significant results are that only 28% of women housestaff compared to 61% of men were very interested in an academic career and that 33% of women but 10% of men saw family commitments as a barrier to an academic career. Also, men were three times as likely as women to mention a relationship with a mentor as a positive experience that had influenced their careers. These findings spurred development of a series of lunches and social gatherings so that women faculty and staff in all four health science schools can better network. Moreover, the medical school dean instituted a mechanism whereby all department chairs have an annual meeting with their junior faculty to discuss career planning. All search committees now meet with the associate dean for academic affairs and the vice chancellor for minority affairs and are directed to seek women and minorities. A Women's Medical Student Association also formed, held a retreat, and has begun a mentoring program (contact *Emilie Osborn, M.D.*, 415/476-2342).

HARVARD MEDICAL SCHOOL: In 1989, Harvard's Office for Academic Careers began working with department heads and junior faculty to institute annual reviews in the form of Career Planning Conferences (CPCs). Since women and minority faculty were found to be promoted at a slower rate than majority males, in the initial phase CPCs were only mandated for women and minority junior faculty. Written reports are submitted to the Dean's office after each conference; a standardized format for these reports includes examples of topics to be discussed. Department heads have until an announced deadline by which to submit their reports; to encourage compliance, the medical school will not process any promotions or new appointments until the department head completes the process. To assist faculty and chairs in preparing for their CPCs, the Office for Academic Careers has prepared a videotape which may be borrowed (contact *Brenda Hoffman*, Office for Academic Careers, 25 Shattuck St., Boston, MA 02115; 617/734-4382).

YALE UNIVERSITY SCHOOL OF MEDICINE: The oldest one of its kind in the country, the Office for Women in Medicine at Yale has sponsored over 100 programs just within the past five years. One particularly valuable recent product is the "Information Guide for Junior Faculty" which describes the process of advancement at Yale including recommendations on gaining academic visibility, preparing a c.v., and finding out about available research grants. Sections are also included on benefits and on issues such as child care and sexual harassment.

Creating Professional Development Programs

The remainder of this chapter is devoted to creating and planning professional development programs to assist faculty in remedying deficiencies related to climbing the academic ladder. While it is impossible to pinpoint the line between personal and professional development, the main focus here is *professional* development. First, a number of workshop descriptions from recent AAMC WIM seminars are given, keyed to the bibliography for possible resources. Special sections on grant writing skills and using cases are included. Next are brief descriptions of faculty development programs offered by a few medical centers. Finally is a series of guidelines to consider when creating a professional development program and a listing of other organizations offering such programs. Appendix II contains the program announcements from AAMC's two WIM seminars (one for junior and one for senior faculty) to provide examples of a program announcement format.

AAMC WORKSHOPS FOR JUNIOR WOMEN FACULTY

Characteristics of Productive Researchers and Their Programs and Environments (see Bland)
Research is both an individual activity and a social organizational process. This workshop focuses on the characteristics of productive researchers and the features of their institutional and departmental environments that facilitate or impede progress. Principles of building a strong research program are offered, and both these overviews address a number of the tensions and dilemmas of doing research--e.g. independence vs. cooperation--and how a productive balance is achieved.

Strategies for Obtaining Education and Training Grants (see Kelley et al.)
Many young faculty are unaware of the variety of training and education-related grants available and of strategies for obtaining them, especially in primary care specialties. This workshop covers these subjects, including leading participants through a training proposal and describing how a reviewer evaluates one. This workshop also includes tips on gaining appropriate recognition in the faculty promotions process for education-related contributions.

Conflict Management (see Lerner; Cantor et al.)
This session is designed to increase knowledge about sources of organizational conflict and to facilitate greater comfort with conflict. Taking a problem-solving approach, the workshop leaders provide a structure for analyzing conflict situations and discuss options for managing them more effectively. Seminar leaders also address the following content: 1) gender differences in the management of conflict, 2) lessons about anger that reduce women's ability to manage conflict directly, and 3) the positive elements of conflict.

Writing for Professional Journals
Understanding submission, peer review, and editing can make the publishing process less formidable and increase the possibility of articles being accepted. Through discussion and handouts, workshop participants will learn principles of preparing manuscripts, submitting them to journals, and seeing them through editing and publication.

The Art of Self Promotion
Women often have questions when creating a c.v., preparing for an interview, negotiating for salary, and knowing how to promote themselves. This session gives participants an opportunity to draw on the experience of a successful academician and a human resources development expert in improving these skills.

Setting Priorities and Managing Time: Balancing Multiple Roles (see Bateson)

All women in academic medicine are balancing numerous diverse responsibilities as teachers, clinicians, investigators, administrators, counsellors, partners, daughters, mothers. Questions frequently arise related to setting priorities, managing time, saying no, and standing up for your values. Workshop leaders will share their strategies as well as facilitate exploration of dilemmas shared by workshop participants.

Financial Basics: Getting Smart about Your Department

Are you in the dark about the financial management of your department, program or school? Are you aware of possibilities that may exist for you to acquire resources and support for your activities? The financial composition of today's medical schools is complex and varied; nonetheless, some basics about revenue and budgets can help faculty gain more control over your activities. Among the other topics discussed will be indirect cost overhead, seed grants for start up research, and opportunities for self-supporting activities.

Conflicts and Barriers in Academic Career Building (see Applegate et al.; Zuckerman et al.)

After a summary of the most prominent conflicts in academic advancement, the bulk of this workshop will be spent working through common dilemmas. Participants should gain greater knowledge about impediments and enhancements to academic advancement; better understanding of how academic systems work; greater clarity regarding their own internal conflicts; some assessment of the losses and gains of different professional and personal choices; and suggestions for thinking more creatively about dilemmas.

Improving Your Teaching Skills (see Weinholtz, et al; Westberg, et al.)

Principles of teaching applicable to classroom and clinical settings will be presented: e.g., setting objectives, optimizing retention, and giving feedback. Participants will also analyze videotaped small group interactive teaching. The theme of teaching problem-solving in classrooms, and clinics will be emphasized throughout the workshop.

AAMC WORKSHOPS FOR SENIOR WOMEN FACULTY

Presentation Skills

Excellent presentation skills are a big asset at scientific meetings, in the lecture hall, with the press and in committees. This session will provide opportunities to address individual communication needs and to develop improvement strategies, including enhancement of delivery and organizational skills.

Human Resources Development

Lessons and principles related to hiring, managing and evaluating staff work much better than trial and error. In addition to covering such principles, this session will provide opportunities to analyze common dilemmas, including special challenges that arise when the boss is a woman.

Committee and Team Leadership (see Rosener)

The workshop facilitators will open with reflections on the transition from group *participant* to group *leader*. They will provide multiple pointers on how to effectively chair committees and on building working alliances. Participants will be asked to share difficulties they have experienced in order to obtain feedback during the workshop.

Understanding the Organizational Culture (see Wilson)

Too often, faculty fail to consider how they "fit" in relation to departmental and organizational cultures. This failure leads to isolation and to underestimating the importance of how decisions are made. Especially when seeking a major administrative post within an organization, it is crucial to assess its culture in relation to one's own values and goals. This workshop will provide pointers on how to frame questions and pursue answers toward these ends.

Negotiating Skills (see Fisher, et al.; Ury)

Negotiating skills are crucial both to career advancement (e.g., for garnering resources) and to effectiveness as an administrator (e.g., for helping diverse parties to reach agreement). Drawing on their diverse experiences and on pre-seminar readings, the workshop leaders will offer on overview of effective strategies.

Strategic Planning

Strategic planning is a critical managerial process involving the identification of objectives and changes in objectives that define institutional purpose and direction. The facilitators will discuss the components, challenges and advantages of strategic planning and the planning-related dilemmas contributed by workshop participants.

Faculty Management: Understanding the Job of Department Chair

The job of department chair entails multiple academic management issues. This workshop examines the challenges of balancing the education, research and patient care missions of clinical departments and of evaluating, rewarding, and nurturing faculty in the present constrained economic environment.

Critiquing Grants and Manuscripts: Both Sides of the Process

Academics spend much time both writing and critiquing grants and manuscripts but rarely have the opportunity to obtain pointers on either process. Both workshop facilitators are highly qualified to offer suggestions for improving and streamlining skills as grant/manuscript-writer and -reviewer.

Innovations in Practice Plan Management

Clinical practice plan management has become more challenging because of shrinking income due to increased competition and medical cost containment strategies. Competition from the private sector is also hindering faculty recruitment and retention. The development of strategies to meet these challenges (such as systems analysis to increase practice efficiency, consolidation of services for each clinical practice, improving grantwriting skills, and marketing of special programs) are necessary for patient care to be optimized and for recruitment and retention of superb faculty to continue.

Managing Job Searches

This workshop approaches this topic both from the perspective of the job seeker and a search manager. A presentation on principals, procedures, and pitfalls related to recruiting and selecting candidates for top positions will lead into a discussion of how job seekers might best approach the search. The recruitment of individuals for leadership positions and the need to improve that process will receive special attention.

Grant Writing Skills

Because research funding is prerequisite for success in academics and because a number of schools have organized successful programs on this subject, examples of program ideas follow:

- The workshop on Winning Research Grants offered by AAMC as part of its AAMC WIM seminar is facilitated by Dr. Constance Baldwin, Director of Research Facilitation in the department of pediatrics at the *University of Texas Medical Branch in Galveston*. In this role she instructs faculty in research design, helps them plan their research, and acts as liaison with funding agencies. The AAMC workshop provides information about funding opportunities for young investigators and will familiarize participants with the essential strategies for writing a successful grant proposal. A model NIH proposal is distributed and its prefunding history discussed. Participants are given parts of "grants in progress" to restructure and rewrite as needed. (See also Goldman; Kelley et al.).

- The *NIH Division of Research Grants* will sometimes send a well-qualified individual to speak at medical centers regarding the NIH grant application process. Contact Dr. Tony Demsey, Chief of Referral and Review Branch (301/496-7023) or Dr. Faye Calhoun, Deputy Chief (301/496-7023). Another useful office is NIH Grant Inquiries (301/496-7441).

- At *SUNY-Syracuse*, the WLO and Research Development Office organized a four-hour grant writing workshop. Seven panelists analyzed the components of a funded grant application under such headings as: developing the hypothesis, background significance, preliminary studies, methodology, and budget justification. Guest speakers also discussed peer review at the NIH and how the National Science Foundation operates. The afternoon closed with Research Poster Session Awards and a reception.

- The Association for Professional Women in Medicine and the Office of the Dean for Research at the *University of North Carolina School of Medicine*, sponsored an all-day program "The Art and Science of Gaining Grant Support". The five main sessions covered were: 1) university strategies for acquisition of new program initiatives; 2) problems and pitfalls of grant writing; 3) strategies for mentoring faculty in grant writing; 4) ins and outs of Federal review systems; and 5) other funding sources.

- At *Stanford*, the Program for Women in Medicine sponsored a two-hour session for all junior faculty and postdoctoral fellows. A panel of experts from five departments offered tips.

Using Cases

In professional development seminars, an effective way of helping junior faculty to focus on key issues is a panel made up of faculty who could be considered role models. Such a session could be titled "Case Histories in Academic Career Building". Care should be taken to achieve maximum diversity on the panel on as many dimensions as possible, e.g., specialty, ethnicity, parents and non-parents. In order to prevent panelists from rambling and to ensure that the most important issues are addressed, panelists should be given guidelines for preparing their remarks which should probably not exceed 20 minutes. At least 20 minutes should be reserved for audience questions. Examples of questions for panelists to consider ahead of time include:

- how did you develop and revise your career goals?
- what personal characteristics have contributed most to your success?
- what personal changes have you made in the course of your career?
- how have you dealt with setbacks?
- what has been the most counter-intuitive or unexpected lesson?
- what has been most helpful in balancing your personal life and professional duties?

Another completely different idea for a panel discussion is to use written cases such as those below. The panel might consist of a few department heads, appropriate administrators, and the chair of the promotions and tenure committee. A subcommittee of the women faculty organization might want to design some cases based on prevalent dilemmas.

Case #1

Dr. Almond has been an assistant professor (tenure track) for four years. Her teaching evaluations and reputation with patients, staff and senior faculty are stellar. She is also ambitious and has good research skills. The chair wants to see her get tenure and stay in his department. However, though Dr. Almond puts in long hours and uses her time efficiently, she has not been able to get her research program off the ground. Her field is very competitive and because of her young child, she has not attended many off-campus meetings during the last two years and thus is not as tied into a network of colleagues as she needs to be at this stage.

The department chair is worried that Dr. Almond will not have the requisite research credentials to successfully carry her through the tenure review coming up in two years. With one or two additional years, she would likely have the necessary publications and recommendations. The university president will not consider a policy change to lengthen the probationary period (the university faculty voted against such a change last year). Because all of the good teachers in the department are all stretched thin, the chair doesn't want to suggest that she cut back on her teaching load. In terms of her carrying her financial weight, he also can't suggest that she cut back clinically.

Probe Questions:

a) Aside from limiting her committee obligations, how can the chair help Dr. Almond protect time for her research to assure her continued climb within this department and medical school? If the chair singles Dr. Almond out for special treatment, wouldn't other faculty complain about inequities?

b) What other strategies might this chair (and the medical school) consider to assist the professional development of junior faculty in need of help?

Case #2

Becoming one of only three women currently in the faculty department, Dr. Key was everyone's favorite for the assistant professor opening in pathology. She came with the highest possible commendations as a teacher, and since the department recently lost its best teacher, this is important. Her clinical and research credentials show a lot of promise as well.

During her first three years, she is given a very heavy teaching load, on which she seems to thrive. Because she becomes quickly known for her interpersonal and organizational skills and sense of humor, she is also asked to serve on a number of committees, including the medical school admissions committee.

At the beginning of her fourth year, she makes time to attend the welcoming reception that the new women's faculty organization is sponsoring for the entering women students. This is the first time she has the opportunity to speak with women from so many other departments, and she learns that a number of them are preparing for the tenure-review process. She also learns that the women in the department of internal medicine have organized and are pressing the chair on correcting salary inequities that were discovered with his help.

Dr. Key schedules a meeting with her chair to get more information on what she should be doing to prepare for tenure review and on how her salary compares to other members of her department at her level. The chair is surprised by her questions because he thought it was understood that Dr. Key was hired on the non-tenured clinical ladder (in her job interviews, she had not raised issues related to salary or track). The chair points to her research contributions, which have been minimal; he assumed she had read the Faculty Handbook which describes the substantial research contributions necessary to be tenurable. On the salary issue, he replies that he will need to check. He notes, however, that faculty salaries are linked to clinical earnings and grant-getting success, areas in which Dr. Key ranks low in the department.

Dr. Key becomes very demoralized and regrets many of the teaching and administrative responsibilities she has committed herself to.

Probe questions:
a) What are Dr. Key's options at this point?
b) What might have prevented this situation from developing?

Examples of Faculty Development Programs at Medical Schools

SUNY-BUFFALO: WIM Professional Development Seminar

One of the goals of the dean's sending a number of women to the AAMC Seminar in 1988 was that this group would then help create a similar seminar for the SUNY-Buffalo faculty. Upon their return, the faculty critiqued their experience and formed a planning group to organize a week long program with the theme "Research Planning and Academic Advancement". Among the sessions were: a poster session on work-in-progress, workshops on research design and managing your career, and presentations by the dean and by Dr. Lyn Behrens (president of Loma Linda University). About 150 attended, about 10% of whom came to all sessions; this latter group gave the program the highest evaluation. (Contact *Dr. Glenda Donoghue*, now associate dean for postgraduate education at Medical College of Pennsylvania, 215/842-7390).

CASE WESTERN RESERVE UNIVERSITY: Professional Development Seminar

In conjunction with CWRU's Women's Faculty Organization, an attendee at AAMC's 1991 WIM Seminar created a one-day seminar on "Careers in Academic Medicine" for junior faculty at Case Western Reserve U School of Medicine and the Cleveland Clinic Foundation. With financial support from the dean's office and with the help of a meeting planning consultant (*Susan Krister* of Educational Meeting Management in Cleveland, 216/229-2600), Dr. Susan Stevenson organized a program that was attended by about 130 faculty. It included an overview of the promotion and tenure process, a diverse panel of senior faculty offering their case histories, and workshops on writing for publication, time management, building an academic career, and negotiating skills. (Contact *Dr. Susan Stevenson*, 216/368-2408).

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER: The Faculty Leadership Program

This innovative and comprehensive program is composed of symposia, seminars and colloquia. The key skill areas addressed are: 1) education (e.g., skills in information presentation), 2) research (each participant articulates a personal research agenda), 3) communication, 4) administration, and 5) professional academic skills. Participation represents a serious investment of time as the complete program is 124 hours over one year. Full-time faculty at the rank of instructor or assistant professor at the University of Oklahoma Health Sciences Center are eligible. Contact *Valerie Williams*, Associate Dean of Interdisciplinary Programs and Director, Faculty Development Leadership Program, 405/271-2265.

MEDICAL COLLEGE OF PENNSYLVANIA: Effective Teaching Skills

This nationally respected five day course is directed at any clinician or basic scientist who wants to improve instructional and audiovisual techniques. (Contact *Dr. Gerald Kelliher*, 215/842-7035).

MICHIGAN STATE UNIVERSITY: Short-term Fellowship Model.

Since 1978, from September through June, MSU has offered a faculty development fellowship program in teaching, research, administration, writing and professional academic skills to help physicians have successful academic careers. Each year the program brings together approximately 20 new physician faculty from family medicine, general internal medicine and general pediatrics. On-campus sessions consist of five one-week workshops; at their home institutions fellows complete readings, assignments and a major project. (Contact *K.W. Lienhart*, 517/353-9656).

Tips for Meeting Planners

It is easy to underestimate the amount of time and attention to detail that a successful meeting demands. The following guidelines can only provide a sketch but may prove helpful in getting started:

- Form a planning committee to decide on the program goals and to divide responsibilities. If goals are ambitious and there is enough lead time, it may be possible to consider joint sponsorship with an affiliated hospital or with another local medical center. The planning committee should include representatives of all sponsors and constituencies.

- If the program is open to both men and women, it will be easier to obtain institutional support. Another advantage is that the program's success will reflect well on the WIM organization. Downsides may include difficulty deciding how much to focus on WIM issues and a loss of openness in discussions of some problems.

- Resist the urge to try to cover too much material in one day or program. Also build in breaks and vary formats because attention spans are limited.

- If the program involves outside speakers, talk with the faculty development or educational resources office about co-sponsorship and logistics support.

- If the activity may qualify for CME credit, meet with the director of continuing medical education. This person may also be able to help broker with drug and equipment companies and with the dean's office for resources and can assist with formulation of a budget.

- Sometimes the best meeting facility is off-campus (and sometimes it is best to hold meetings away from daily distractions). If the above cooperation is not available, obtain the services of a meeting planner that the institution has previously successfully employed. A meeting planner should assist greatly with:

*liaison with program faculty regarding their lodging needs, expenses, session description, biographical sketch.

*handling arrangements relative to meeting space, meals and coffee breaks, audio-visual equipment.

*production of meeting materials (e.g., binder, handouts, roster of attendees and program faculty which should include phone numbers) and name badges (which should include title and department as well as name). (If possible, distribute background reading materials in advance of the meeting).

*decisions about how to publicize the program.

●Include a program evaluation form with program materials; send compilation of results to speakers.

Other Resources

● OTHER AAMC SEMINARS:

Seminar	Target Audience
Executive Development Seminar for associate deans/department heads: Strengthens the decision-making and problem-solving abilities of administrators.	Senior level individuals, nominated by the dean who have significant management responsibilities (Contact Marcie Foster, Director of Professional Educational Programs (202) 828-0522)
Information Technology in the Academic Medical Center: This seminar addresses the problems and opportunities arising from the rapid development of advanced information technologies.	Designed for individuals, but participation of institutional teams has proven valuable (Contact Marcie Foster, Director of Professional Educational Programs (202) 828-0522)
Faculty Affairs Professional Development Conference	Administrators with responsibilities related to faculty management and evaluation (Contact Janet Froom, Staff Associate, (202) 828-0587)

● HARVARD SCHOOL OF PUBLIC HEALTH's Office of Continuing Education (677 Huntington Ave., Boston, MA 02115, 617/432-1171) offers a number of medical management training programs:

a) A two-week program for *chiefs of clinical services* is offered each January. It is designed for heads of major departments in teaching hospitals whose responsibilities require them to allocate resources, develop policies and provide leadership. Applications must be submitted by late August.

b) A ten-day program for *health systems managers* offers senior-level health care executives the opportunity to focus on the management techniques synonymous with professional and organizational success.

c) *Managing ambulatory health care* is a five-day course for health center physicians taking on significant managerial responsibilities in managing community health centers. Subject areas include financial management, physician recruitment, role of the medical director, political issues and leadership skills.

d) A four-day program on *managing ambulatory care: leadership in a changing environment* is for directors of ambulatory care organizations in hospital-based and free-standing ambulatory care sites.

- HARVARD MEDICAL SCHOOL Department of Continuing Education offers an annual Seminar for Health Care Administrators on Leadership for Physician Executives. Its focus is on the process of leadership, the psychology of career transitions, and the stress of change for both oneself and the organization. The all inclusive fee for this six-day program is $3400. (Contact *Dr. Harry Levinson*, 617/489-3040)

- CENTER FOR INSTRUCTIONAL SUPPORT offers workshops, publications, mini-fellowships and consultations in support of teaching in the health professions. Three video series are also available on clinical teaching, communicating with patients, and Spanish in health care. Co-directors *Drs. Hilliard Jason and Jane Westberg* also facilitate retreats to help institutional teams improve the quality of the educational experience. A new book (Westberg) breaks ground in focusing on collaborative clinical teaching as distinct from the more traditional authoritarian model. For more information, contact CIS, 337 Arapahoe Ave., Boulder, CO 80302 (303/440-9247).

- CENTER FOR CREATIVE LEADERSHIP is an international nonprofit educational institution dedicated to developing the effectiveness of leaders and teams from many different environments. A wide variety of programs are offered (in four locations: Greensboro NC; San Diego; Colorado Springs; Brussels), most of which include individual feedback on strengths and weaknesses and opportunities to practice new behaviors. Programs on leadership development are offered for three different contexts: individual, organizational, and team. For more information, write to the Center at 1 Leadership Pl., P.O. Box 26300, Greensboro, NC 27438, 919/288-7210.

- The AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES (2 Urban Centre, 4890 W. Kennedy Blvd., Tampa, FL 33609, 813/287-2000) offers skill-building programs to members; a strong focus is business administration skills for medical managers. (See Tan et al.)

- The AMERICAN COUNCIL ON EDUCATION's (ACE) Office of Women in Higher Education produces a number of programs and publications, for instance, a new descriptive study of women in college and university presidencies (Touchton). Women leaders at institutions of higher education may join the National Identification Project (NIP) which sponsors an annual Leaders Network meeting; many local ACE/NIP meetings are held as well. The director of this Office encourages women in academic medicine not to necessarily limit their job aspirations to leadership positions in medical schools but to consider higher education institutions as well (contact *Donna Shavlik*, 202/939-9390).

Bibliography

American College of Physicians. Promotion and Tenure of Women and Minorities on Medical School Faculties, *Annals of Internal Medicine* 114:63-68, 1991.

Applegate, W. B. and Williams, M. E.. Career Development in Academic Medicine, *The American Journal of Medicine*, 88:263-267, 1990.

Bateson, M.C. *Composing a Life*. NY: Penquin Books, 1989.

Bickel, J. Women in Medicine: A Status Report. *New Engl.J. Med.* 319:1579-84, 1988.

Bickel, J., Changing Faces of Promotion and Tenure in U.S. Medical Schools, *Academic Medicine*, 66:249-255, 1991.

Bickel, J. and Whiting, B. AAMC Data Report: Comparing the Representation and Promotion of Men and Women Faculty at U.S. Medical Schools, *Academic Medicine*, 66:497, 1991.

Bland, C. J. and Ruffin, M. T., Characteristics of a Productive Research Environment: Literature Review, *Academic Medicine*, 67:385-397, 1992.

Cantor, D. and Bernay, T., *Women in Power: The Secrets of Leadership*, NY: Houghton Mifflin Co., 1992.

Carr, P., et al. Research, Academic Rank, and Compensation of Women and Men Faculty in Academic General Internal Medicine, *Journal of General Internal Medicine*, 7:418-423, 1992.

Case, S. Communication Styles in Higher Education: Differences between Academic Men and Women. *Women in Higher Education: Changes and Challenges*, Welch, L. (Ed.), New York: Praeger, 1990.

Catalyst. *On the Line: Women's Career Advancement* (Available only to contributors to Catalyst, 250 Park Ave., NY, NY 10003; 212/777-8900).

Eisenberg, C. Medicine Is No Longer a Man's Profession: Or, When the Men's Club Goes Coed It's Time to Change the Regs, *New England Journal of Medicine*, 321:1542-1544, 1990.

Fisher, R., and Brown, S., *Getting Together: Building Relationships as We Negotiate*. New York: Viking Penguin Inc., 1989.

Fisher, R. and Ury, W. *Getting to Yes: Negotiating Agreement Without Giving In*, NY: Penguin Books, 1983.

Froom, J., et al. *Faculty Affairs in Academic Medical Centers: A Selected Annotated Bibliography*. Washington DC: AAMC, 1992 (order from AAMC: 202/828-0416).

Goldman, L. Perspectives, *Journal of General Internal Medicine*, 6:341-344, 1991.

Henley, C. E., et al. Faculty Development and Organization Systems Behavior. *Academic Medicine*. 65:406-9, 1990.

Kelley, J.A., et al. Elements of Grantsmanship: The Process. *Nursing & Health Care*. 11:346-51.

Lerner, H.G. *The Dance of Anger*, NY: Harper & Row, 1985.

Miller, J.B. *Toward a New Psychology of Women*, Boston: Beacon Press, 1986.

Nickerson, K. G., Bennett, N. M., Estes, D. and Shea, S. The Status of Women at One Academic Medical Center - Breaking Through the Glass Ceiling. *Journal of the American Medical Association*, 264:1813-1817, 1990.

Rosener, J. Ways Women Lead, *Harvard Business Review*. 119-25, Nov.-Dec. 1990.

Tan, J.S., ed. *Gender Issues in the Workplace: A Guide for Physician Executives*. Tampa, FL: American College of Physician Executives, 1991 (813/287-2000).

Touchton, J., et al. *Women in College and University Presidencies*. Washington DC: American Council on Education, 1993 (202/939-9390).

Ury, W. *Getting Past No: Negotiating with Difficult People*. NY: Bantam Books, 1991.

Weinholtz, D. and Edwards, J. *Teaching during Rounds: A Handbook for Attending Physicians and Residents*. Baltimore: Johns Hopkins U. Press, 1992 (800/537-5487).

Westberg, J. and Jason, H. *Collaborative Clinical Education*. NY: Springer Pub. Co., 1992.

Wilson, M. P., and McLaughlin C. P., *Leadership and Management in Academic Medicine*, San Francisco: Jossey-Bass, 1984.

Zuckerman, H., Cole, J. R., and Bruer, J. T. (Ed.), *The Outer Circle: Women in the Scientific Community*, New York: W.W. Norton and Company, 1991.

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CHAPTER 7

WOMEN'S HEALTH CURRICULA

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Emerging Forces

While the need for greater attention in medical education to women's health needs was identified a decade ago (Roeske), widespread interest in this need is recent. Disparities between men and women's access to major diagnostic and therapeutic interventions have become newsworthy (AMA). Moreover, public reaction to evidence that NIH had not followed its own guidelines regarding the inclusion of women and minorities in clinical trials helped to fuel Congressional support for the 1990 creation of the Office of Research on Women's Health (ORWH) at NIH. A major activity of this Office was a workshop in 1991 on opportunities for research on women's health out of which emerged a major report (NIH).

Other organizations at work in this arena include the Society for the Advancement of Women's Health Research which in 1991 convened representatives of specialty societies to identify their priorities for the health needs of American women and produced a report (SAWHR). The American Medical Women's Association (AMWA) has formed an ad hoc committee relative to improving women's health care. Chaired by Dr. Lila Wallis (212/535-0031), this committee is developing a curriculum for physicians to address such issues as improving the physician/woman patient partnership and increasing physicians' understanding of women's health needs. Five modules based on women's life phases (including suggested speakers for each lecture topic) is in preparation, and a three-day course will be offered to physicians at Cornell University Medical Center for the first time in the Fall of 1993. The nine major content areas to be addressed in varying degrees in each module are: sexuality and reproduction; women and society; health maintenance; violence and abuse; mental health and substance abuse; transitions and changes; patient/physician partnerships; normal female physiology; and abnormal female physiology.

General internists have begun actively exploring how to better teach residents about the broad range of women's health needs that they will encounter (Krasnoff). A recent survey found that the training of internists in ambulatory gynecology is deficient in preparing physicians to meet the demands of an average practice; deficiencies seem to be greatest in such areas as safe-sex counselling, management of menopause and osteoporosis, and cancer screening (Coodley et al). In a recent issue referring to a study of breast cancer screening, the editors of *Annals of Internal Medicine* wrote that, while much time was expended during their training in learning to examine the heart and lung, neither remembers being taught how to examine the breast (Fletcher and Fletcher).

From this new emphasis on women's health needs has emerged the question of whether a distinct specialty focusing on women's health should be created. Proponents say that such a specialty would be concerned with women's total health needs, much as pediatrics is for children (Johnson). Its practitioners would be trained in everything from managing menopause to spotting spouse abuse, with a focus on the growing body of research on how diseases and drugs act differently in women than in men (Lewin). Others argue that a new specialty might

66

remain isolated from mainstream practice, resulting in the marginalization of women's health specialists (Harrison). Wallis states that a better approach is to develop a comprehensive curriculum on women's health to be integrated into undergraduate and graduate medical education as well as into continuing medical education (Wallis).

Studies of Curricula

While it is wrong to assume that teaching about women's anatomy and health care remains limited to Ob/Gyn clerkships, the amount of teaching focused specifically on women is presently unknown. Gaps in education are difficult to determine for a number of reasons. For instance, with regard to women's nutritional needs, one must ascertain if during each curricular segment related to nutrition, the needs of women are highlighted appropriately. However, for many standard therapies, there is no definitive data on women, thus it would be a challenge to differentiate between gaps that must be filled with research and gaps that are the responsibility of educators.

One area of women's health of continuing particular prominence pertains to abortion. Thus, last year AAMC added "termination of pregnancy" to its curriculum questionnaire. In 1992-93, 106 of 139 U.S. and Canadian medical schools (76%) reported requiring this subject as required course material (AAMC). One school lists this subject as a separate required course; 21 do not offer, and 9 did not respond on this item.

Because of difficulties in surveying required curricula relative to women's health, two general internists at Brown University collected elective catalogues from 123 U.S. medical schools (Montgomery and Moulton). In determining whether an elective could be counted as focusing on women's health, they included it if the elective: 1) discussed lack of available data on the treatment of illnesses in women; 2) addressed gender differences in prevalence, presentation or severity of illness in common diseases; 3) included gender differences in physiology or pharmacokinetics; 4) focused on diseases specific to women; 5) discussed gender differences in the pattern of health care utilization or access to care; 6) examined gender differences in the biopsychosocial model; 7) included gender issues in the doctor/patient relationship; or 8) addressed women's role in the history and literature of medicine. The investigators excluded topics typically addressed in traditional Ob/Gyn curricula.

The results of this study revealed that 28 schools offer a total of 44 elective courses in women's health. The majority of courses focused on women's relationship with the health care system. Over half of the courses were taught by departments of humanities or psychiatry.

In December 1992, Congress directed the ORWH to determine the extent to which women's health issues are addressed in medical school curricula. While such a survey is a challenge to design, as discussed above, it is hoped that the results of that study will shed additional light on current needs and developments.

At the Schools

At present it is possible to point to only a few medical schools with ongoing curricular activities targeted specifically at women's health. Some faculty involved with creating such courses remark that more than simply the new content, new models of teaching are needed, based on an interdisciplinary approach that encompasses the social, psychological, spiritual and economic--as well as the biological--aspects of health.

- In 1991 a new course "Issues in Women's Health and Health Care" was initiated at the UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE. The course is a graduate seminar open to all medical students. Historical, sociological, epidemiological and political--as well as medical--issues surrounding the health needs of women are considered. The first clinical elective on women's health will be given in 1993; among the primary foci are breast surgery and urinary incontinence. A new required fourth year course in ambulatory care includes a half-day seminar on women's health, beginning with discussions of the lack of knowledge base in such areas as osteoporosis. For more information, contact *J.A. Grisso, M.D.* , assistant professor of medicine (215/898-4440).

- At SUNY-STONY BROOK, the recent expansion of the required course in social issues in medicine has provided an excellent opportunity to give more formal attention to questions pertaining to women and the health care delivery system. The Medicine in Contemporary Society class (120 hours during the first two years) includes three foci for formal teaching specifically related to women:

a) Women as Patients

■"Diseases of Women: From Neurasthenia to PMS" introduces the impact of cultural norms on definitions of disease. The ways in which gender stereotypes and customary roles influence nosology and diagnosis are discussed.

■"The Medicalization of Childbirth" addresses the benefits and losses attributable to the changes in control, locus and technique of childbirth over the last century; students look behind these changes at the social and ideological forces influencing them. The home birth movement provides a rich case study.

b) Gender and Provision of Health Care

■"Professionalism and Gender" starts with a discussion of the history of midwifery and the complicated relationship between midwives and physicians. Attention to the contemporary conflict between lay and nurse midwives and the impact of an increase in the number of female obstetricians expands the discussion beyond sexual politics.

■"Controversial Therapies" is a set of classes with an unusual format. During the first session students select a therapeutic modality from a list including hysterectomies, coronary artery bypass grafting, and breast cancer surgery. They review published literature to determine the standard indications for these interventions and the frequency and pattern of their actual utilization (for each of these modalities there is a striking disparity between indications and utilization). In the following session, students discuss the disparity; professional socialization, economics, liability, social norms, as well as issues of gender are considered.

c) Women as Physicians

■"Women's Stories in Practice" is a panel discussion by three physicians (orthopedics, urology and family practice), a nurse and a social worker. Each explains her experience in training and practice and the ways in which gender has and has not played a role.

■"Care Ethics" is the third of four classes on medical ethics. It includes an appraisal of research by Carol Gilligan et al. into how women cast and address moral questions. (For more information, contact *Peter C. Williams, J.D., Ph.D.*, associate professor of preventive medicine, 516/444-2190).

- At the UNIVERSITY OF CALIFORNIA-SAN DIEGO, an elective on women's health issues delves into issues that affect women and examines how doctors treat female patients. A continual focus is compassion and how physicians can ease rather than worsen a family member's or patient's plight. Rape victims speak of their assault; cancer patients describe how it feels to lose a breast; parents talk about the death of a child. This class originated as a technical research course reviewing epidemiological studies and women's risk factors, but as *Dr. Deborah Wingard* (associate professor of epidemiology) taught the class, she realized that students had greater need for and interest in discussions of the social aspects of diseases.

- The MEDICAL COLLEGE OF PENNSYLVANIA is the first American medical school to recruit a Director of Programs in Women's Health. This person will be responsible for developing a comprehensive academic women's health program, include undergraduate and graduate courses as well as research and clinical activities. For more information, contact *Donna Murasko, Ph.D.*, department of microbiology and immunology, MCP, 3300 Henry Ave., Philadelphia, PA 19129.

- DARTMOUTH-HITCHCOCK MEDICAL CENTER's Section of General Internal Medicine offer a clinical elective on women's health for residents and medical students (Krasnoff). The processes of critical reading and self-directed learning are emphasized. Trainees see patients with a nurse practitioner at either a college health center or a Planned Parenthood office. A particularly valuable aspect of this elective is the professional development that results from working outside the hospital with women providers who are patient advocates as well as teachers. Also at Dartmouth, a general internist has coordinated a program of monthly lectures on women's health in core areas such as contraception and the impact of violence in women's lives.

- Representatives of the five medical schools in Ontario have come together as the *Women's Health Interschool Curriculum Committee (WHISCC)*. These university and community-based educators, clinicians and researchers have a shared interest in working within the educational environment to promote an understanding of women's health by raising awareness of and responsiveness to the social, cultural, psychological and biological issues that impact women. Members are meeting with the Council of Ontario Faculties of Medicine to discuss ways of ensuring that women's health issues are fully incorporated into the curricula and that gender issues are addressed. For more information, contact *May Cohen, M.D.*, associate dean (health services), 416/525-9140, ext. 2313.

- MCMASTER UNIVERSITY FACULTY OF HEALTH SCIENCES opened the first Women's Health Office at a North American medical school in 1991. The goals of this Office are to heighten the faculty's awareness of the identified health needs of women, improve working relationships among women and men with respect to women's health issues, and address the needs of women faculty, students and staff. The Office receives support from the Dean's office and the Professional Association of Interns and Residents of Ontario Trust Fund. It charges a nominal fee for its newsletter. Participants in the Office include faculty members, students and staff from nursing, occupational therapy, medicine, the graduate program, community doctors and nurses, representatives from the women's studies program, and interested members of the community. Its work is divided among three committees: climate, research, and education/service; the last of these works with faculty to ensure a gender-sensitive perspective in all of the students' learning experiences. For more information, call 416/525-9140 ext. 2210).

- TEMPLE UNIVERSITY SCHOOL OF MEDICINE is one of the first medical schools to publish a "Resource Guide for the Medical Community about Gay, Lesbian and Bisexual People". Developed by Temple medical students with input from faculty and staff, it combines information about community resources with educational materials about taking a sensitive medical history. The introduction contains a very helpful overview of problems related to homophobia and of how negative attitudes of physicians toward gay people interfere with good health care. For more information, contact *Sally Rosen, M.D.*, associate dean for student affairs, 215/221-3669.

Bibliography

AAMC Curriculum Directory, 1992-93. Washington DC: AAMC, 1992 (to order call: 202/828-0416).

AMA Council on Ethical and Judicial Affairs, Gender Disparities in Clinical Decision Making, *Journal of American Medical Association*, 266:559:62, July 24, 1991.

Coodley, G., et al. Internal Medicine Training in Ambulatory Gynecology. *J. Gen. Int. Med.* 7:636-9, 1992.

Fletcher, S. and Fletcher, R. The Breast is Close to the Heart. *Ann. Int. Med.* 117:969-71, 1992.

Harrison, M. Con: Women's Health as a Specialty: A Deceptive Solution. *J. Women's Health* 1:101-6, 1992.

Johnson, K. Pro: Women's Health: Developing a New Interdisciplinary Specialty. *J. Women's Health*. 1:95-100, 1992.

Krasnoff, M. Internal Medicine Training and Women's Health. *J. Gen. Int. Med.* 7:665-6, 1992.

Lewin, T. Doctors Consider a Specialty Focusing on Women's Health, *New York Times*, 11/7/92.

Montgomery, K. and Moulton, A. Medical Education in Women's Health. *J. Women's Health*. 2: (in press), 1993.

National Institutes of Health. *Opportunities for Research on Women's Health*: Summary Report. Bethesda, MD: NIH, 1992 (order from Superintendent of Documents, P O Box 371954, Pittsburgh, PA 15250 [S/N 017 040 00521 1; $4.25]).

Roeske, N. C. A. Women's Studies in Medical Education, *Journal of Medical Education*, 58:611-618, August 1983.

Society for the Advancement of Women's Health Research. *Towards a Women's Health*

Research Agenda: Findings of the Scientific Advisory Meeting. (1601 Connecticut Avenue, Suite 801, Washington DC 20009, 202/328-2200).

Wallis, L. Women's Health: A Specialty? *J. Women's Health*. 1:107-8, 1992.

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CHAPTER 8

MAKING USE OF OTHER RESOURCES

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At AAMC

1. *Faculty Roster System* (contact Brooke Whiting, Ph.D., Director, 202/828-0650)

- Publications such as *U.S. Medical School Faculty* (source for the most frequently asked questions about faculty) and *Women and Minorities on U.S. Medical School Faculties*.

- Recruitment assistance: The user writes to the FRS staff describing a faculty vacancy, criteria for the position, and parameters of the database to be searched. The database contains records for about 95% of all active full-time U.S. medical school faculty members (contact Lisa Sherman, Research Associate, 202/828-0611).

2. *Student and Applicant Information Management System* (contact Charles Killian, Ph.D., Director, 202/828-0645): SAIMS is the repository for all data collected by AAMC on students who take the MCAT, attend medical school, or participate in an ACGME-accredited residency. SAIMS staff respond to a large variety of school requests designed to give the school information about how its students compare with all medical students or with a specified reference group.

3. *Institutional Profile System* (contact Donna Williams, Director, Institutional Profile Systems, 202/828-0647): IPS offers information on student enrollment and other data items such as total numbers of faculty, student financial aid, and tuition. An IPS brochure is available which explains data types and the number of ways data can be presented.

4. *Report on Medical School Faculty Salaries* (produced annually; contact William C. Smith, Jr., Research Associate, 202/828-0649; also see Chapter 5). Every year, AAMC collects faculty salary information and publishes tables showing the mean, 20th, 50th and 80th percentile of total and base compensation by public/private, geographic region, degree, rank, and department.

5. AAMC's monthly journal *Academic Medicine* publishes a rich variety of research articles, national policy perspectives, book reviews and other features of interest to faculty, administrators, and anyone involved with medical education. A number of supplements, e.g., AAMC's Research in Medical Education Proceedings, are also published annually. Individual subscriptions are $60/year (call: 202/828-0416).

Other National Organizations

1. *American Medical Women's Association* (703/838-0500) was founded in 1915 and is an independent network of women physicians and medical students. AMWA acts as the voice

for the interests of more than 90,000 women physicians nationwide. It holds annual, interim, regional and branch meetings and offers many member discounts. AMWA publishes *JAMWA* and a variety of other periodic booklets.

2. *American Medical Association's Women in Medicine Advisory Panel* and WIM Services (312/645-4392) have offered numerous programs and activities in support of women in medicine. As a few examples, AMA now sponsors a WIM month, recently endorsed gender neutral language in all medical communications, is compiling information on flexible training programs and alternative practice arrangements, has created an internal women's health office, and released guidelines on domestic violence and child sexual abuse. Two especially valuable publications are: *Women in Medicine in America: In the Mainstream* which offers a comprehensive look at demographic and practice characteristics and *The Residency Interview: A Guide for Medical Students* (to order by credit card: 800/621-8335).

3. *Academic Physician Services*: In collaboration with AAMC, Academic Physician Services produces the publication *Academic Physician* which is a centralized source for the announcement of faculty vacancies at academic medical centers. By advertising in the publication, medical centers are assured that all potential candidates, including women and members of other underrepresented groups, have the opportunity to apply for positions. It is an excellent tool to enhance the faculty recruitment process and to render the "old boy network" obsolete. The bimonthly publication is sent free to all faculty physicians at the 126 medical schools, physicians associated with over 400 teaching hospitals, post-doctorate fellows and senior residents. Academic Physician Services also operates a Clearinghouse through which women seeking a new position can obtain information on the most current openings. All women in medicine who are looking for an academic position are encouraged to use these services and to alert their peers to its availability. For further information regarding the Clearinghouse, subscriptions or how to advertise call (916) 939-4242.

4. *Association for Women in Science* (AWIS): Founded in 1971, AWIS is an individual membership organization that works to improve the educational and employment opportunities for women in all science fields. AWIS monitors the status of women working in science and publishes newsletters, career guides, legislative information and educational materials (1522 K St., #820, Washington DC 20005; 202/408-0742).

5. *American Council on Education's Office of Women in Higher Education*: Founded in 1973, this Office has greatly assisted many of the women who are currently college and university presidents in their career development and networking. It sponsors numerous other programs of interest to women in higher education and has produced many valuable publications, including policies relative to sexual harassment on campus and a "New Agenda" for higher education (Pearson, C., et al; Shavlik, D., et al., 1 Dupont Circle, Washington DC 20036, 202/939-9390).

6. *National Council for Research on Women*: Formed in 1981, NCRW is an independent association of U.S. research and policy organizations that provide institutional resources for research, policy analysis, and educational programs for women and girls. The Council reaches over 10,000 women and men scholars and practitioners through its member centers and affiliates like the Council-sponsored National Network of Women's Caucuses and Commissions in the Professional Associations and through coalitions of women librarians, women in the media, and other women's groups in this country and abroad. Council resources are available to constituencies that include government, the media, business, and the non-profit sector, as well as the academic community and the general public (530 Broadway, 10th Floor, New York, NY 10012, 212/570-5001).

WIM Specialty Organizations

Women's participation in specialty societies has lagged behind men's (Allen). The main reason appears to be lack of time, but lack of interest and opportunity are also cited.

While participation in mainstream organized medicine is essential to developing networks and skills for climbing the academic ladder, many women have formed their own specialty groups with very positive results including investigative collaborations and formulation of policy changes adopted by the "parent" society or college. Below is a listing that is as complete as possible:

Women in CARDIOTHORACIC SURGERY
Dr. Phyllis Edwards
700 West Parr Avenue, Suite G
Los Gatos, CA 95032
(408) 866-2939

Women's DERMATOLOGIC SOCIETY
Sharon Goldberg, Coordinator (at ADA)
Schaumberg, Illinois 60173-6016
(708) 330-9830

Women in EMERGENCY MEDICINE
21 West Colony Place
Durham, North Carolina 27705

Committee on Women in FAMILY MEDICINE
American Academy of Family Physicians
Linda Benedetti, Recording Secretary
8880 Ward Parkway
Kansas City, Missouri 64114
(800) 274-2237

Women in ENDOCRINOLOGY
Endocrine Society
9650 Rockville Pike
Bethesda, Maryland 20814
(301) 571-1802

Women in GASTROENTEROLOGY Committee
American College of Gastroenterology
4900 B South 31st Street
Arlington, Virginia 22206
(703) 549-4440

Society in GENERAL INTERNAL MEDICINE
Women's Caucus
Elnora M. Rhodes, Executive Director
700 13th Street, N.W., #250
(800) 822-3060 or (202) 393-1662

Women in NEPHROLOGY
Josie Briggs, M.D., President
George O'Brien Renal Center
1150 West Medical Center Drive
1565 MSRBII
Ann Arbor, MI 48109-0676
(313) 936-4812

Women in OPHTHALMOLOGY
Penny Asbell, M.D., President
Mt. Sinai Medical Center
Department of Ophthalmology
22 - 12 Box 1183
1 Gustave L. Levy Place
New York, New York 10029
(212) 241-7977

Ruth Jackson ORTHOPAEDIC SOCIETY
Pricilla Wessell, Meeting Coordinator
6300 North River Road, #727
Rosemont, Illinois 60018-4226
(708) 698-1693

Committee on Women and Caucus of Women PSYCHIATRISTS
American Psychiatric Association
Office of Minority National Affairs
1400 K Street, N.W.
Washington, D.C. 20005
(202) 682-6094

Association of Women PSYCHIATRISTS
Ruth T. Barhouse, M.D.
100 B Turtle Creek Village, #350
Dallas, Texas 75219
(214) 855-5104

Association of Women SURGEONS
Judy Keel, Executive Director
414 Plaza Drive, #209
Westmont, Illinois 60559
(708) 655-0392

Women in UROLOGY
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6310 Swords Way
Bethesda, Maryland 20817
(301) 443-3510

Bibliography

Allen, D. Women in Medical Specialty Societies: An Update. *JAMA* 262:3439-43, 1989.

Pearson, C., et al. *Educating the Majority: Women Challenge Tradition in Higher Education*. NY: Macmillan Pub. Co., 1991.

Shavlik, D., et al. The New Agenda for Women Revisited. *Educational Record*, Fall 1992, pp. 47-55.

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CHAPTER 9

INTO THE FUTURE

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On the Agenda

The design of many current organizational structures is based on anachronistic assumptions, i.e., that there is a single wage-earner per family and that the wage earner is supported by a wife at home and by a strong community network. Moreover, present structures were designed in an era when the civil rights of women and minorities were still largely denied. The entrance of large numbers of women into the work force and the prediction that by the year 2000 one-third of the U.S. population will consist of people of color create the imperative to look at how these individuals can best be prepared and incorporated. Other "diversity" and "rights" issues are being raised by aged, disabled, and gay individuals. The slowly emerging consensus is that the profession will grow stronger by becoming more reflective of the society it serves.

While the economic and social landscape looks a lot different now than it did even twenty years ago, our collective value system in many ways supports traditional roles for men and women. Recognizing that higher education strongly influences current leaders and prepares future ones, a number of women leaders have articulated a new agenda for higher education to try to influence these values (Shavlik, et al.). This book's central message is that educating women means more than admitting and graduating them; it means reshaping organizational structures and basic assumptions about the roles of men and women in society. Among the actions called for are: integrating impact studies into program planning especially relative to how proposed cuts will affect women and minorities, preparing an annual status report on women, developing an institution-wide commitment to families, and appointing a high-level person whose formal responsibilities encompass advocacy for women.

Turning to academic medicine, many would agree that the first item on the agenda relative to women should be expanding the number of women advancing into leadership positions. Women are especially needed for their likely contributions to advance policy in areas that are increasingly visible on the country's agenda, ie., women's health, public health, preventive care, child care, family leave. More women leaders are also needed as role models for the thousands of young women students and faculty. Such leaders are the most effective mechanism for breaking down gender stereotypes and the prevalent (though often unconscious) bias that women "don't have what it takes to lead".

Many deans have expressed the wish to recruit more women leaders but are discouraged by a paucity of candidates once they begin looking. Chapters 3 through 7 of this Handbook address different pieces of the challenge of ensuring that more women are ready to assume leadership positions. Certainly it is entirely appropriate that many women, like many men, are not as interested in their professional development as they are in other goals. But this Handbook is about wearing down barriers that prematurely limit or restrain individual's choices in order that they may develop and contribute of their talents to academic medicine as fully as possible. The most pressing challenges arise in the following areas:

- A self-study may be necessary to ascertain if women have an equal shot at placement on the tenure track and at academic promotions. Chairs need to be coached and rewarded to do a better job of nurturing and advising all their young faculty but especially faculty without mentors (see Harvard's Career Planning Conferences, Chapter 6). Effective remedies may also require affirmative action. One well-respected professor has suggested that "if there is only one tenure slot and there are both men and women fully qualified to fill it, a women should be appointed[;] that is the only way to offset the prevailing pattern of subtly discounting the credentials of women" (Eisenberg).

- A great deal of work remains in adding flexibility to personnel policies. Organizations are understandably accustomed to measuring employees' commitment by the number of hours worked and to rewarding loyalty to the company and penalizing those who put family over career. Nonetheless, corporations are showing it is cost-effective to adopt policies, benefits and work arrangements that do not disadvantage those seeking to better balance career and family. Felice Schwartz, the well-known founder of Catalyst, calls these adaptations a "business imperative" (Schwartz). As evidenced by Beth Israel Hospital in Boston (see Chapter 5), these adaptations can work in academic medicine as well.

- Women need to build networks to improve their ability to participate on and nominate candidates to search committees. There is no substitute for participating in organized medicine at the local and national level and in specialty societies, but women have lagged behind here. A survey of 23 member boards of the American Board of Medical Specialties asked for the number of governing members by gender. Only 6% of board governing members are women, and 8 of the boards have no women members. Five respondents noted that using women examiners for oral examinations surfaces talented individuals who become better known to governing members (see *AAMC Women in Medicine Update*, Winter 1992, p., 2). In addition to seeking such opportunities to become better known within specialty organizations, women can build their network of women colleagues by participating in a women's subgroup within their specialty (see Chapter 8). In terms of identifying women candidates for positions, the AAMC's Faculty Roster System can provide mailing labels and basic biographical data on any defined group, e.g., all women professors of medicine (see Chapter 8).

Managing Change

This Handbook is about designing intervention strategies to improve the climate for women in medicine. Such improvements in the gender climate tend to humanize the environment for everyone, e.g., efforts to eliminate sexual harassment can also help reduce other kinds of stereotyping and mistreatment. Some believe that women bring special qualities to the role of change-agent and that the very fact of their increasing representation in medicine is good news. Whether or not women bring special qualities to medicine is controversial, but as Margaret Mead's daughter M.C. Bateson writes: "at the center of any tradition, it is easy to become blind to alternatives; at the edges, where lines are blurred, it is easier to imagine that the world might be different" (Bateson). Women may indeed find it easier than men to imagine that the world might be different; however, they remain absent from the policy-table where the key decisions are made.

The extent to which women make strides in joining the upper echelons will greatly depend on whether institutions adapt to better meet their needs (Bickel). While they can use all the male allies they can find, women must take the lead in these institutional adaptations. Since problems with sexism and inflexibility are multi-faceted and not limited to any one or two areas or levels, would-be change-agents need to think in terms of *systemic and organizational change*, rather than limiting their goals to creation of one program or revision of one policy. At the outset, it is important to differentiate among *societal*-level issues, *organizational* issues, and *personal* issues. For purposes of defining a reasonable scope of work, it makes much more sense to focus on organizational change and to accept certain cultural/societal features as "given". At the other end of the spectrum, one must be introspective enough to realize when personal change is the first imperative. For instance, improving one's conflict management skills may be prerequisite to tackling pervasive personnel or committee management issues.

Working toward organizational change requires time, a team, and a plan. AAMC now offers a number of management education programs to which medical schools send a team to learn how to manage the change process around a goal, e.g., improving the evaluation of medical students, introducing problem-based learning. In a nutshell, teams are led through exercises that help them design a plan to:

1) sense needs, i.e., listen actively, collect information, and then define the key systems problems;

2) determine strategy, build coalitions, sell and resell concept;

3) establish a work group that will identify the resources needed to implement the strategy and key obstacles and that will designate a prime mover (here it is important to address the fears that will be raised by the proposed interventions and consider scenarios about handling the consequences);

4) solidify commitment, i.e., obtain approval, continue to review informally and promote change, identify indicators of success.

Certainly one can contribute to progress without getting involved to this extent. Nonetheless, when attempting institutional improvements, it is advantageous to think in "systems" terms to prevent expending a lot of energy tinkering at the edges of problems.

To be sure, working toward institutional change is not for everybody. It is possible to excel as a clinician, a teacher, and an investigator without involvement in organizational issues. However, it is also true that organization-related skills are crucial to climbing the academic ladder. In order to lead a unit or an institution, it is necessary to become politically savvy, to understand how decisions are made, and to manage outcomes in accordance with goals.

It is also true that academic medicine needs courageous leaders as never before. So many fundamental questions related to its mission ask to be faced. For instance, what constitutes more important progress, improving the access of many to primary care or producing a drug that will save the lives of a few? How will schools improve their educational programs when "managed competition" reduces available funding? How can academic medicine do more in assuring that the health needs of the uninsured are met?

Other lesser questions related to policy adaptations with particular implications for women include: With the decline in availability of research funding and the rise in importance of clinician-educators, will this traditionally "second-class" track be the source of more of academic medicine's future leaders? With financial constraints pressuring clinicians to generate more of their income, how can institutions better reward faculty effort spent teaching? Policy makers need more and better information on outcomes of medical interventions; how can health services research gain in respect within academic institutions?

Meeting the challenges of this changing environment requires that medicine pay more attention to the characteristics and needs of its women members so that their leadership talents may be realized as fully as possible.

Bibliography

Bateson, M.C. *Composing a Life.* NY: Penquin Books, 1989.

Bickel, J. Women Physicians: Change Agents or Second-Class Citizens? *Humane Medicine*. 6:101-5, 1990.

Eisenberg, C. Medicine is no Longer a Man's Profession: Or, When the Men's Club Goes Coed it's Time to Change the Regs. *New England Journal of Medicine* 321:1542-4, 1989.

Schwartz, F. Women as a Business Imperative. *Harvard Business Rev.* March-April, 1992: 105-13.

Shavlik, D., et al., The New Agenda of Women for Higher Education, in *Educating the Majority: Women Challenge Tradition in Higher Education*, edited by C. S. Pearson, et al. NY: MacMillan Pub. Co., 1991.

PARTIAL INDEX

AAFP . . . 25, 38, 39, 43
Academic Physician Services . . . 66
Albany Medical College . . . 16, 24
Albert Einstein . . . 11
Allen, D . . . 69
AMA . . . 21, 25, 32, 34, 38, 43, 59, 63, 66
American Association of University Professors . . . 21, 26, 27, 31, 34
American College of Physician Executives . . . 56, 58
American College of Physicians . . . 56
American Council on Education . . . 25, 56, 58, 66
AMWA . . . 7, 25, 26, 29, 59, 65, 66
Applegate . . . 45, 49, 57
AWIS . . . 66
Bateson . . . 49, 57, 71, 73
Baylor College . . . 41
Benokraitis . . . 22, 28
Bergmann . . . 26, 31, 34
Beth Israel . . . 42, 71
Bickel . . . 1, 23, 28, 34, 36, 40, 41, 43-46, 57, 71, 73
Bland . . . 48, 57
Bodner . . . 31, 34
Bowman Gray . . . 13-15, 41
Brown University . . . 6, 7, 13, 14, 60
Butler . . . 20, 29
Cantor . . . 17, 29, 48, 57
Carr . . . 45, 57
Case Western . . . 13, 14, 16, 26, 36, 41, 46, 53
Case, S . . . 29, 57
Catalyst . . . 43, 46, 57, 71
child care . . . 14, 25, 36-38, 47, 70
civil rights . . . 20, 27, 70
Columbia University . . . 46
Conley . . . 10, 18, 26
Cornell University . . . 12, 14, 15, 40, 59
Council of Academic Societies . . . 1, 3
Council of Teaching Hospitals . . . 1
Crocker . . . 20, 29
Dartmouth Medical School . . . 27, 37
Donoghue . . . 31, 32, 34, 53
Dowell . . . 21, 29
Duke University . . . 41
Eisenberg . . . 45, 57, 71, 73
Evans . . . 12, 20, 21, 29
Faculty Roster . . . 4, 65, 71
Fisher . . . 50, 57
Fletcher . . . 59, 63
Froom . . . 40, 46, 55, 57
Georgetown University . . . 11, 26

Goldman . . . 51, 57
Grant, L . . . 29
Grisso . . . 39, 44, 61
Gutek . . . 19, 29
Hahnemann University . . . 9, 14
Harrison, M . . . 63
Harvard . . . 6, 12, 16, 23, 24, 47, 55, 56, 58, 71, 73
Haslett . . . 20, 29
Henley . . . 46, 57
Huang . . . 38, 44
IPS . . . 65
Jefferson Medical College . . . 41
Job searches . . . 50
Johns Hopkins . . . 11, 58
Johnson, K . . . 63
Kelley . . . 48, 51, 57
Klebanoff . . . 38, 44
Krasnoff . . . 59, 62, 63
LaNoue . . . 31, 34
Leatherman . . . 17, 29
legal . . . 17, 20, 21, 25, 27, 29
Lenhart . . . 19-21, 26, 29
Lerner . . . 48, 57
Levinson . . . 41, 42, 44, 56
Lewin . . . 59, 63
Lorber . . . 22, 29
Loyola . . . 32
M.D. Anderson Cancer . . . 11
McMaster University . . . 14, 47, 62
Medical College of Ohio . . . 14
Medical College of Pennsylvania . . . 8, 13, 53, 54, 62
Medical College of Virginia . . . 6, 16
Medical College of Wisconsin . . . 16, 42
Memorial University . . . 14, 15
mentor . . . 45, 47
Methodist Hospital . . . 11
Michigan State University . . . 8, 54
Miller, J.B. . . . 58
MIT . . . 24
Montgomery . . . 60, 63
Moulton . . . 60, 63
NACUA . . . 18, 21, 27
NCRW . . . 18, 25, 66
negotiating . . . 34, 42, 46, 48, 50, 53, 57, 58
New York University . . . 15
Nickerson . . . 58
NIH . . . 14, 51, 59, 63
Northeastern Ohio . . . 6, 16, 26
ombudsman . . . 23, 24
Pearson . . . 27, 29, 44, 66, 69, 73
Pezzullo . . . 31, 34
Phelan, E . . . 29, 44

Phelan, S . . . 44
Richman . . . 19, 27, 29
Roeske . . . 59, 63
Rosener . . . 49, 58
Rowe . . . 18, 21, 28, 29
Rowley . . . 39, 44
Rush Medical College . . . 13, 15, 27
SAIMS . . . 65
Sandler . . . 22, 30
Sandrick . . . 19, 21, 30
Schau . . . 31, 34
scholarship fund . . . 14
Simpson . . . 31, 34
Smith, W . . . 35
Society for the Advancement of Women's Health Research . . . 59, 63
Stanford . . . 10, 15, 18, 26, 51, 10
student orientation . . . 13
Suchman . . . 28, 30
SUNY-Buffalo . . . 6, 32, 53
Tan . . . 56, 58
Tannen . . . 23, 30
Temple University . . . 6, 7, 13, 15, 63
Touchton . . . 29, 56, 58
Tufts University . . . 40
University of Arizona . . . 32
University of Arkansas . . . 10, 13, 14, 33
University of British Columbia . . . 10, 16
University of Calgary . . . 15
University of California, San Francisco . . . 10, 44, 47
University of Chicago . . . 13, 14, 40
University of Colorado . . . 13
University of Kentucky . . . 15
University of Louisville . . . 16
University of Massachusetts . . . 11
University of Michigan . . . 34, 40
University of Minnesota-Duluth . . . 13
University of Minnesota-Minneapolis . . . 13, 14
University of Missouri-Columbia . . . 15
University of North Carolina . . . 13, 15, 33, 46, 51
University of Oklahoma . . . 53
University of Pennsylvania . . . 32, 41, 61
University of Rochester . . . 11, 14, 40
University of South Carolina . . . 13, 14
University of Southern California . . . 6, 13, 15
University of Texas Medical Branch . . . 51
University of Toronto . . . 10, 24
University of Virginia . . . 9, 10, 12
University of Washington . . . 10
University of Wisconsin . . . 24
Ury . . . 50, 57, 58
Vanderbilt University . . . 14, 41
Wallis . . . 59, 60, 64

Washington University 8, 14, 16, 33, 40
Waxman 24, 26, 30
Weinholtz 49, 58
Westberg 49, 56, 58
Whiting 45, 46, 57, 65
Wilson 38, 44, 49, 58
Yale 6, 13-16, 24, 26, 37, 39, 40, 42, 46, 47
Zuckerman 49, 58

APPENDIX I

(WLOs from Institutions named in Handbook)

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APPENDIX II

PROFESSIONAL DEVELOPMENT SEMINAR FOR JUNIOR WOMEN FACULTY REGISTRATION FORM

November 29 - December 2, 1992
Eldorado Hotel
Santa Fe, New Mexico

Please complete this form and return by May 22nd.

☐ I will attend the Professional Development Seminar.

☐ I would like assistance in identifying a roomate to help reduce travel costs.

☐ Smoker ☐ Non-smoker

☐ I can not attend this year; however, I am interested in attending a Women in Medicine Professional Development Seminar in the future. Please add me to your mailing list.

Name: ______________________________

Name As You Wish It to Appear On Badge ______________________________

Title ______________________________

Institution ______________________________

Address ______________________________

City, State, Zip ______________________________

Telephone # (   ) ______________________ FAX # (   )______________________

Arrival Date ______________________ Departure Date ______________________

Do **NOT** send payment with this registration form. You will receive an invoice for the conference fee.

Please complete and return to:
Michelle Malpass, Meetings Registrar
Assn. of American Medical Colleges
2450 N Street, N.W.
Washington, DC 20037-1126
Phone: (202) 828-0417
FAX: (202) 828-1125

In order to accommodate as many institutions as possible, we may limit the number of participants from each school.

☐ Check here if this is confirmation of a faxed registration form.

PROGRAM ANNOUNCEMENT

PROFESSIONAL DEVELOPMENT SEMINAR

FOR JUNIOR WOMEN FACULTY

November 29 - December 1, 1992
Santa Fe, New Mexico

TARGET AUDIENCE

This seminar is open to junior women faculty and fellows aiming for a position of leadership in academic medicine. Since the evaluations of previous seminars indicate that this program is *most* useful to faculty at the *assistant professor* or *instructor* levels and since the number of participants must be limited to 100, associate professors will *not* be eligible.

OBJECTIVES

- To assist each participant in identifying her professional development goals and in creating an agenda for working toward those goals. (A self-administered questionnaire will help participants focus on goals prior to the seminar).
- To provide participants with information on and insights into the realities of advancement in academic medicine.
- To assist attendees in identifying the skill and knowledge areas on which they most need to work.
- To give attendees pointers on the development of leadership skills and opportunities to begin developing some of these skills.

EXPENSES AND FEES

The registration fee in the amount of $420.00 covers two continental breakfasts, two receptions, one lunch, and one dinner, coffee breaks, meeting materials and supplies. You will be responsible for your airline, ground transportation and hotel expenses. Daily room rates at the Eldorado Hotel are $95.00 single or double occupancy plus tax.

REGISTRATION PROCEDURES

Complete the attached registration form and return it no later than **May 22nd** in the self-addressed envelope or send it via fax machine (202/828-1125) to Michelle Malpass at the AAMC. Because enrollment is limited to 100, we recommend that you not delay in registering for the seminar. Last year, the seminar filled before we reached the registration deadline. Do not send payment for the fee at this time. Confirmation materials will be mailed to you. An invoice for the registration fee will be included in that package. Specific information on the site and hotel reservations will also be included. To take advantage of the discounted hotel rate established for this meeting, you must use the hotel reservation form that will be included in the confirmation materials.

PROFESSIONAL DEVELOPMENT SEMINAR FOR JUNIOR WOMEN FACULTY

November 29 - December 1, 1992
Santa Fe, New Mexico

PROGRAM AGENDA

SUNDAY, NOVEMBER 29

8:00 a.m. -12:00 noon	Registration
8:00 a.m. - 8:30 a.m.	**Welcome and Introduction** Janet Bickel, Assistant Vice President for Women's Programs
8:30 a.m. - 9:30 p.m.	**GENERAL SESSION:** **Professional Development: Creating Your Own Professional Development Agenda** Cathie Siders, Ph.D., Psychologist Clyde Evans, Ph.D., Director, Office for Academic Careers and Associate Dean for Clinical Affairs, Harvard Medical School This plenary session will focus on natural cycles of professional development including career changes and will address issues women commonly face as they set goals for their own academic advancement.
9:30 a.m. -10:00 a.m.	Coffee Break
10:00 a.m. -11:30 p.m.	**WORKSHOPS: Wave I**
11:30 a.m. - 2:00 p.m.	Lunch on own and Break
2:00 p.m. - 3:30 p.m.	**WORKSHOPS: Repeat Wave I**
3:30 p.m. - 4:00 p.m.	Coffee Break
4:00 p.m. - 5:30 p.m.	**WORKSHOPS: Repeat Wave I**
6:00 p.m. - 7:00 p.m.	Group Reception

MONDAY, NOVEMBER 30

7:00 a.m. - 7:30 a.m.	Continental Breakfast

7:30 a.m. - 9:00 a.m.	**GENERAL SESSION:** ***Leadership Styles*** Mary Parish, MVP Associates, Inc.
9:00 a.m. - 9:30 a.m.	Coffee Break
9:30 a.m. -11:00 p.m.	***Leadership Styles (continued)***
11:00 a.m. - 2:30 p.m.	Lunch on Own and Break
2:30 p.m. - 4:30 p.m.	**PANEL DISCUSSION: CASE HISTORIES IN ACADEMIC CAREER BUILDING** Gwen V. Childs, Ph.D., Professor and Vice-Chair of Anatomy and Neurosciences, University of Texas Medical Branch in Galveston Jacqueline Parthemore, M.D., Medical Director, VA Medical Center, University of California, San Diego, School of Medicine Lynne Reid, M.D., Professor of Pathology, Harvard Medical School Diane Wara, M.D., Professor of Pediatrics, University of California, San Francisco **Moderator:** Carol Aschenbrener, M.D., Chancellor, University of Nebraska Medical Center
4:30 p.m. - 5:00 p.m.	Coffee Break
5:00 p.m. - 6:00 p.m.	**BREAKOUTS: Role-Related Groups** Participants will meet in groups with their colleagues in like roles from other institutions to discuss issues identified during the panel discussion. **Breakout Group Leaders:** Carol Aschenbrener, M.D. Carol Bland, Ph.D. Gwen V. Childs, Ph.D. Leah Dickstein, M.D. Alice Ann O'Donell, M.D. Jacqueline Parthemore, M.D. Lynne Reid, M.D. Diane Wara, M.D.
6:30 p.m. -	Group Reception and Dinner

TUESDAY, DECEMBER 1

7:00 a.m. - 7:30 a.m.	Continental Breakfast
7:30 a.m. - 9:30 a.m.	**WORKSHOPS: Wave II**

9:30 a.m. -10:00 a.m.	Coffee Break
10:00 a.m. -12:00 noon	**WORKSHOPS: Wave II**
12:00 noon - 1:00 p.m.	Lunch
1:00 p.m. - 2:00 p.m.	**BREAKOUTS: ROLE-RELATED GROUPS**
	Each participant will present her agenda for her own career development and have opportunities to obtain feedback and to work on her c.v.
2:00 p.m. - 2:30 p.m.	**CLOSING SESSION**
2:30 p.m.	**ADJOURN**

WORKSHOPS:

Wave I

A. **Characteristics of Productive Researchers and their Programs and Environment**
Carole Bland, Ph.D., Professor of Family Practice & Community Health,
University of Minnesota School of Medicine
Margaret Neville, Ph.D., Professor of Physiology
University of Colorado School of Medicine

B. **Strategies for Obtaining Education and Training Grants**
Alice Ann O'Donell, M.D., Professor of Family Medicine, University of Texas
Medical Branch at Galveston

C. **Conflict Management**
Carol Aschenbrener, M.D., Chancellor, University of Nebraska Medical Center
Cathie Siders, Ph.D., Psychologist

D. **Power in Relationships: Building Networks and Dispelling Gender Stereotypes**
Gwen V. Childs, Ph.D., Professor and Vice-Chair of Anatomy and Neurosciences,
University of Texas Medical Branch in Galveston
Leah Dickstein, M.D., Professor, Department of Psychiatry and Behavioral Sciences
University of Louisville School of Medicine

E. **Writing for Professional Journals**
Addeane Caelleigh, Director, Section for Publications, Division of Communications,
Association of American Medical Colleges and Editor, Academic Medicine

Wave II

A. **Setting Priorities & Managing Time: Balancing Multiple Roles**
Lynne Reid, M.D., S. Burt Wolbach Professor of Pathology, Harvard Medical School
Diane Wara, M.D., Professor of Pediatrics, University of California, San Francisco,
School of Medicine

B. **Financial Basics: Getting Smart about Your Department**
Deborah McGraw, Assistant Dean for Fiscal Affairs, University of California,
San Diego, School of Medicine
Jacqueline Parthemore, M.D., Medical Director, VA Medical Center,
University of California, San Diego

C. **Winning Research Grants**
Constance Baldwin, Ph.D., Director of Research Facilitation, Department of Pediatrics,
University of Texas Medical Branch at Galveston

D. **Conflicts and Barriers in Academic Career Building**
Clyde Evans, Ph.D., Director, Office for Academic Careers and Associate Dean
for Clinical Affairs, Harvard Medical School

E. **Improving Your Teaching Skills**
Janine C. Edwards, Ph.D., Director, Research in Medical Education, St. Louis University
School of Medicine

FACULTY BIOGRAPHICAL SKETCHES

Carol A. Aschenbrener, M.D. As of September, Dr. Aschenbrener will become the Chancellor of the University of Nebraska Medical Center, making her the highest ranking woman in academic medicine today. She is presently Executive Associate Dean at the University of Iowa College of Medicine. Job responsibilities include space planning, faculty recruiting, liaison with state medical society, and coordination of planning with University Hospitals and Clinics. She received her medical degree from the University of North Carolina and completed residency training in Anatomic Pathology and Neuropathology at Iowa. She has served in a variety of leadership roles within the AAMC, and last year Dr. Aschenbrener was elected to the AMA Council on Medical Education.

Constance D. Baldwin, Ph.D. Dr. Baldwin is Director of Research Facilitation and Assistant Professor, Department of Pediatrics, University of Texas Medical Branch in Galveston. She instructs faculty and fellows in scientific communications and research design, and helps the faculty with strategic planning of their research and liaising with funding agencies. She has also designed an evaluation and feedback system to foster the development of research skills in residents, fellows, and junior faculty. Formerly, Dr. Baldwin was Research Coordinator for a multidisciplinary research program on schizophrenia at Galveston. She earned her Ph.D. in English from Stanford University and was Assistant Professor in the Department of English at Yale University.

Carole J. Bland, Ph.D. Dr. Bland is a Professor in the Department of Family Practice and Community Health at the University of Minnesota Medical School where she has taught education and research skills to family physician faculty for fifteen years. In 1990 she won an American Council on Education fellowship during which she worked in the office of the president of the University of Minnesota. Dr. Bland's main research area has been faculty and institutional vitality. Her research on faculty development, characteristics of productive researchers, and elements of vital institutions have contributed to the understanding of how to train and maintain productive faculty, particularly research faculty. One of her recent books is Successful Faculty in Academic Medicine: The Essential Skills and How to Acquire Them (Springer Publishing Co., 1989, with others).

Addeane S. Caelleigh Ms. Caelleigh is Director of Publications at AAMC and Editor of Academic Medicine. She has been an editor and writer in health-care and social-political fields for associations, universities, and think-tanks for the past 13 years. Formerly, she worked as editor and technical writer at the Association for the Advancement of Medical Instrumentation and at Georgetown University's Center for Strategic and International Studies. She has taught at the University of Texas and Laredo Community College and has given numerous seminars in editing and writing to specialists in health-care, business, and education organizations. She completed her M.A. at the University of West Florida and is a Ph.D. candidate at the University of Texas at Austin.

Gwen V. Childs, Ph.D. After obtaining a Ph.D. in Anatomy from the University of Iowa, Dr. Childs joined the faculty at the University of Nebraska Medical Center. After reaching the rank of associate professor there, she joined the faculty of Northwestern University Medical School, where she directed courses in ultrastructural cytology and in techniques in electron microscopy. In 1980, she began teaching microanatomy at the University of Texas Medical Branch in Galveston; in 1981 she was promoted to Professor and is presently also Vice-Chair of the Department of Anatomy and Neurosciences. Dr. Childs has been and is principal investigator of numerous NIH and other grants (area of research: neuroendocrinology, anterior pituitary physiology) and served on NIH study sections in 1985 and '86.

Leah J. Dickstein, M.D. Dr. Dickstein earned the M.D. and completed psychiatry training at the University of Louisville School of Medicine, and in 1987 was promoted to Professor in the Department of Psychiatry and Behavioral Sciences. She also has held appointments in the Department of Community Health and the Department of Family Practice. For eight years Dr. Dickstein served as Associate Dean for Student Affairs before becoming Associate Dean for Faculty and Student Advocacy. She founded and directs the Mental Health Section of the Student Health Service and created the Health Awareness Workshops that are now a staple of the School of Medicine's student orientation program. She teaches electives on Physicians and the Arts and New Psychology of Women and Men. She is president-elect of the American Medical Women Association.

Janine C. Edwards, Ph.D. Director of Research in Medical Education and Associate Professor in the Department of Surgery at St. Louis University School of Medicine, Dr. Edwards holds a Ph.D. from Florida State University in Instructional Systems. While at the Louisiana State University School of Medicine in New Orleans, she was active in improving student and resident evaluation and the medical school curriculum and also co-chaired the steering committee for the school's LCME Accreditation. Dr. Edwards recently served as editor of the "Innovations in Medical Education" feature of Academic Medicine. She has participated in a number of AAMC and American Educational Research Association meetings and has written numerous publications on improving teaching skills.

Clyde H. Evans, Ph.D. As a member of the faculty of Harvard Medical School, Director of the Office for Academic Careers, and Associate Dean for Clinical Affairs, Dr. Evans provides institutional assistance to those wishing to pursue academic careers. For five years he was a senior counselor at Harvard College, and on the summer faculty of the Kennedy School of Government. He was on the faculty of the University of Massachusetts at Boston for ten years where he became a tenured Professor of Philosophy. From 1976 to 1983, Dr. Evans was an Adjunct Professor at the Graduate School of Education at the University of Massachusetts at Amherst. Dr. Evans has conducted seminars on and is a key faculty member of other AAMC programs including the Executive Development Seminars and the Health Services Research Institute Seminar.

Deborah J. McGraw Presently Assistant Dean for Fiscal Affairs at University of California-San Diego School of Medicine, Ms. McGraw has major responsibilities in financial administration, including directing the faculty salary budget process, overseeing revenue funds, and managing the state and campus budgeting processes. Prior to this, she served as Assistant Dean for Administration and Finance at the University of Colorado School of Medicine. For the last five years, Ms. McGraw has been very active in AAMC's Group on Business Affairs and presently serves on its steering committee. She graduated with honors from the University of Notre Dame; her M.A. in International Studies and Public Policy was also obtained with honors from the University of Denver.

Margaret C. Neville, M.D., Ph.D. A graduate of Pomona College, Dr. Neville studied at Women's Medical College and the University of Pennsylvania, from which she was awarded the Ph.D. in Physiology. After working as a research associate at Penn Hospital, she joined the faculty of the University of Colorado Health Sciences Center in 1968; in 1983 she was promoted to Professor of Physiology and in 1991 she also became Professor in the Department of Cell and Structural Biology. Between 1985 and 1988, she served as Acting Chair of the Department of Physiology, and since 1985 she has directed the Medical Scientist Training Program. She has published more than 58 articles in peer-reviewed journals and is presently an Honorary Research Fellow in the Hannah Institute in Scotland.

Alice Ann O'Donell, M.D. Professor in the Departments of Family Medicine, Pediatrics, and Preventive Medicine and Community Health at the University of Texas Medical Branch, Dr. O'Donell has also served as Director of the Residency Program and Acting Chair of the Department of Family Medicine and has directed a number of courses. She earned the M.D. from the University of Arkansas, completed Pediatric Residency at the University of Texas Medical Branch, and completed Infectious Disease

Fellowships there and at the Royal Belfast Hospital for Sick Children. She has written five funded graduate training grants in Family Medicine and has chaired numerous local, state, and national committees.

Mary Parish A skilled and entertaining facilitator and presentor on a wide range of topics, Ms. Parish has helped close to 100 organizations develop methods for managing their people more effectively. Her training seminars have included such subjects as negotiation skills, time management, conflict resolution, and team building.

Jacqueline G. Parthemore, M.D. A Wellesley College alumna, Dr. Parthemore completed graduate and post-graduate medical training at Cornell University Medical College—The New York Hospital. This was followed by fellowships in Endocrinology at Scripps Clinic and at the VA Medical Center in San Diego. She conducted clinical and bench research in bone and calcium metabolism and continues to see patients and to teach in General Medicine and Endocrinology. Since 1984, she has been Chief of Staff at the San Diego VA Medical Center and Associate Dean for Veterans Affairs, Assistant Dean for Student Affairs, and Professor of Medicine at the University of California, San Diego. Her committee membership is extensive and presently includes the NIH National Advisory Research Resources Council and the presidency of the National Association of VA Chiefs of Staff.

Lynne M. Reid, M.D. S. Burt Wolbach Professor of Pathology at Harvard Medical School and Pathologist-in-Chief at Children's Hospital, Dr. Reid has won numerous awards and lectured all over the world. Educated at the University of Melbourne, Australia, she became Professor of Experimental Pathology at London University before accepting the Harvard appointment in 1976. Committee assignments have included American Heart Association's Council of Cardiopulmonary Diseases, NIH Respiratory and Applied Physiology Review Group, and the Pulmonary Diseases Committee of NIH. Last year Dr. Reid chaired Harvard's Joint Committee on the Status of Women. She has recently served on the editorial boards of Pediatric Pulmonology and Experimental Lung Research.

Cathie T. Siders, Ph.D. During the interval between completion of her M.A. in Vocational Rehabilitation Counselling in 1975 and a Ph.D. in Counselling Psychology in 1987, Dr. Siders served as educational coordinator in the department of pathology at the University of Iowa College of Medicine and counselor in medical student affairs. Working as a consultant, she has delivered more than 100 workshops for professional groups on topics related to interpersonal and stress management skills, with an emphasis on conflict management. In her private practice of psychology, Dr. Siders specializes in a broad spectrum of issues affecting the private and professional lives of women.

Diana W. Wara, M.D. After earning the M.D. degree at the University of California-Irvine in 1969, Dr. Wara completed a residency in Pediatrics and a fellowship in Pediatric Immunology/Rheumatology at the University of California-San Francisco, where she received her first faculty appointment. She achieved the rank of Professor of Pediatrics in 1985 and presently serves as Director of Pediatric Immunology/Rheumatology, Director of the Pediatric Clinical Research Center at the University of California-San Francisco School of Medicine, and as chair of the NIH Immunological Sciences Study Section. She has earned numerous teaching and research. As a key member of the Chancellor's Committee on Women, Dr. Wara guided the passage of a number of faculty changes especially beneficial for parents, and in 1991 she became the first Associate Dean for Women at a University of California medical school.

PROFESSIONAL DEVELOPMENT SEMINAR FOR SENIOR WOMEN IN MEDICINE REGISTRATION FORM

March 27 - 29, 1993
ANA Westin
Washington, DC

Please complete this form and return by November 20, 1992.

☐ I will attend.

☐ I would like assistance in identifying a roomate to help reduce travel costs.

☐ Smoker ☐ Non-smoker

☐ I can not attend this year; however, I am interested in attending a Senior Women in Medicine Seminar in the future. Please add me to your mailing list.

Do you or anyone attending with you require any special accommodations or services as mandated by the Americans with Disabilities Act? If yes, please describe: __________

Name: __________

Name As You Wish It to Appear On Badge __________

Title __________

Institution __________

Address __________

City, State, Zip __________

Telephone # (   ) __________ FAX # (   ) __________

Arrival Date __________ Departure Date __________

Do **NOT** send payment with this registration form. You will receive an invoice for the conference fee.

Please complete and return to:
Michelle Bluhm, Meetings Registrar
Assn. of American Medical Colleges
2450 N Street, N.W.
Washington, DC 20037-1126
Phone: (202) 828-0417
FAX: (202) 828-1125

In order to accommodate as many institutions as possible, we may limit the number of participants from each school.

☐ Check here if this is confirmation of a faxed registration form.

PROGRAM ANNOUNCEMENT

ASSOCIATION OF AMERICAN MEDICAL COLLEGES PROFESSIONAL DEVELOPMENT SEMINAR FOR SENIOR WOMEN IN MEDICINE

March 27-29, 1993

ANA Westin Hotel
Washington, D.C.

TARGET AUDIENCE: Senior women faculty seeking advancement to an administrative position such as section or department head or dean. Seminar applicants must submit a letter of support from a senior administrator and a copy of their c.v. with their registration form. Enrollment will be limited to 100.

OBJECTIVES:

- To assist attendees in developing key skill and knowledge areas (attendees will pre-formulate what they expect to gain from each segment, and these goals will be shared with faculty for that segment).
- To provide participants with insights into the realities of seeking and gaining a senior administrative position in academic medicine.
- To give attendees opportunities to expand their network of colleagues.

EXPENSES AND FEES

The seminar registration fee in the amount of **$480.00** covers two continental breakfasts, two lunches, two receptions, and one dinner, coffee breaks, meeting materials and supplies. You will be responsible for your airline, ground transportation, and hotel expenses. Daily room rates at the ANA Westin Hotel are: $120.00 single or double occupancy plus 11% sales tax and a hotel occupancy tax of $1.50 per person, per night.

REGISTRATION PROCEDURES

Please complete the registration form and return it no later than **November 20th** in the enclosed return envelope or send it via fax machine (202/828-1125) to **Michelle Bluhm** at the AAMC office. **Do not send payment at this time.** Confirmations materials will be mailed to you. An invoice for the registration fee will be included in that package. Specific information on the site and hotel reservations will also be included. To take advantage of the discounted hotel rate established for this meeting, you must use the hotel reservation form that will be included in the confirmation materials.

We are expecting a favorable response to this announcement; therefore, you are advised to return your completed registration form, letter of suppport and c.v. to us as soon as possible. Registration is limited to 100 registrants and will be restricted on a first come, first serve basis.

Professional Development Seminar for Senior Women in Medicine

March 27-29, 1993

ANA Westin Hotel
Washington, DC

PROGRAM AGENDA

SATURDAY MARCH 27

11:00 a.m. - 6:00 p.m.	Registration
11:30 a.m. - 12:30 pm.	Buffet Lunch
12:30 p.m. - 12:45 p.m.	**Welcome and Conference Overview** *Janet Bickel, Assistant Vice President for Women's Programs Association of American Medical Colleges*
12:45 p.m. - 1:30 p.m.	**Key Issues and Decisions related to Career Advancement** *Christine Cassel, MD, Chief, General Internal Medicine University of Chicago Pritzker School of Medicine* Dr. Cassel will introduce the major skill areas covered in the seminar and provide an overview of the challenges and choices faced by women seeking advancement in academic medicine. Her reflections on typical dilemmas and on the acquisition of authority will assist seminar participants to frame for themselves key questions related to their own professional development.
1:30 p.m. - 3:30 p.m.	**WORKSHOPS: Wave I**
3:30 p.m. - 4:00 p.m.	Coffee Break
4:00 p.m. - 6:00 p.m.	**WORKSHOPS: Wave I (repeated)**
6:00 p.m. -	Reception & Dinner

SUNDAY MARCH 28

7:30 a.m. - 8:30 a.m.	Continental Breakfast
8:30 a.m. - 10:30 a.m.	**Panel: Strategies for Advancing in Academic Medicine** *Carol Aschenbrener, MD, Chancellor, U. of Nebraska Medical Center* *Olga Jonasson, MD, Chair, Surgery, Ohio State U. College of Medicine* *Elena Reece, MD, Chief, Allergy/Immunology, Howard University School of Medicine* *Patricia Spear, Ph.D., Chair, Microbiology & Immunology, Northwestern University Medical School* **Moderator:** B. *Lyn Behrens, M.D., President, Loma Linda University*
10:30 a.m. - 11:00 a.m.	Coffee Break
11:00 a.m. - 12:00 p.m.	**BREAKOUTS: Role-Related Groups** Participants will meet in groups with their colleagues in like roles from other institutions to discuss issues identified during the panel discussion. **Breakout Group Leaders:** *Above panelists plus:* *Sheila Moriber Katz, M.D., M.B.A.* *Sheila Muldoon, M.D.* *Norma Wagoner, Ph.D.*
12:00 p.m. - 2:30 p.m.	Lunch on own and Break
2:30 p.m. - 5:30 p.m.	**Plenary: Presentation Skills** *Bobbie Lawrie, Managing Partner, Craddock Communications, Inc.* This session will provide participants with techniques to enhance organization and preparation skills, vocal style, speech delivery, visual aids; handling hostile audiences and speech crises.
6:00 p.m. - 7:00 p.m.	Reception with invited local medical center executives, AAMC senior executives and NIH Institute Directors

MONDAY MARCH 29

7:00 a.m. - 7:30 a.m.	Continental Breakfast
7:30 a.m. - 9:30 a.m.	**WORKSHOPS: Wave II**
9:30 a.m. - 10:00 a.m.	Coffee Break
10:00 a.m. - 12:00 p.m.	**WORKSHOPS: Repeat Wave II**
12:00 p.m. - 1:30 p.m.	Luncheon **Guest Speaker:** *Bernadine Healy, M.D., Director, National Institutes of Health*
1:30 p.m. - 3:30 p.m.	**Plenary: Managing People** *Charlotte Wagenberg, Ed.D., Management Consultant, Organizational Dynamics, Inc.* Lessons and principles related to hiring, managing and evaluating staff work much better than trial and error. In addition to covering such principles, this session will provide opportunities to analyze common dilemmas, including special challenges that arise when the boss is a woman.
3:30 p.m. - 4:00 p.m.	Closing Discussion *Janet Bickel, Assistant Vice President for Women's Programs, Association of American Medical Colleges* *Norma Wagoner, Ph.D., Dean of Students, University of Chicago Pritzker School of Medicine*

WORKSHOP TOPICS

Wave I:

Committee and Team Leadership

Norma Wagoner, Ph.D., Dean of Students
University of Chicago Pritzker School of Medicine

Olga Jonasson, M.D., Chair, Surgery
Ohio State University College of Medicine

The workshop facilitators will open with reflections on the transition from group *participant* to group *leader*. They will provide multiple pointers on how to effectively chair committees and on building working alliances. Participants will be asked to share difficulties they have experienced in these regards in order to obtain feedback during the workshop.

Academic Financial Management: An Introduction

Sheila Moriber Katz, M.D., M.B.A., Associate University Dean for Academic Coordination, Hahnemann University

Allan Weingold, M.D., Interim Vice President for Medical Affairs and Chair, Obstetrics-Gynecology, George Washington University School of Medicine and Health Sciences

With the help of pre-seminar readings and drawing on her experience in helping chairs manage departmental finances, Dr. Katz will introduce a number of key skills in financial management (e.g., budgeting, grant accounting, risk management). Dr. Weingold will discuss the parameters and challenges of financial management from the perspectives of both a department chair and a medical center vice president. Both facilitators will attempt to tailor their presentations to the needs presented by workshop attendees.

Understanding the Organizational Culture

Carol Aschenbrener, M.D., Chancellor, University of Nebraska Medical Center

Patricia Spear, Ph.D., Chair, Microbiology & Immunology
Northwestern University Medical School

Too often, faculty fail to consider how they "fit" in relation to departmental and organizational cultures. This failure leads to isolation and to underestimating the importance of how decisions are made. Especially when seeking a major administrative post within an organization, it is crucial to assess its culture in relation to one's own values and goals. This workshop will provide pointers on how to frame questions and pursue answers toward these ends.

Setting Priorities and Managing Time

Christine Cassel, M.D., Chief, General Internal Medicine
University of Chicago Pritzker School of Medicine

Rosalie Crouch, Ph.D., Dean, College of Graduate Studies
Medical University of South Carolina

Medical school faculty balance numerous responsibilities as teachers, investigators, clinicians, administrators, mentors, community leaders, etc. In addition, most women faculty would add to this challenge the responsibilities of partner, daughter, mother. Questions thus frequently arise related to establishing and living by priorities, saying no, and making the best use of your energy. Both workshop leaders bring quite extensive and different experience to these challenges. They will share their strategies and facilitate exploration of dilemmas shared by workshop participants.

Negotiating Skills

Catherine DeAngelis, M.D., Associate Dean of Academic Affairs
Johns Hopkins University School of Medicine

Sheila Muldoon, M.D., Chair, Anesthesiology, Uniformed Services University
of the Health Sciences

Negotiating skills are crucial both to career advancement (e.g., for garnering resources) and to effectiveness as an administrator (e.g., for helping diverse parties to reach agreement). Drawing on their diverse experiences and on pre-seminar readings, the workshop leaders will offer an overview of effective strategies. Attendees will be invited to raise issues for group analysis.

Wave II:

Strategic Planning

B. Lyn Behrens, M.D., President
Loma Linda University

Joseph A. Keyes, Jr., J.D., Vice President for Institutional Planning and Development
Association of American Medical Colleges

Strategic planning is a critical managerial process involving the identification of objectives and changes in objectives that define institutional purpose and direction. From her experience as university president and former medical school dean, Dr. Behrens will discuss the components, challenges and advantages of strategic planning. Familiar with the management of academic medical centers across the country, Mr. Keyes' will lead a discussion of planning-related dilemmas contributed by workshop participants.

Faculty Management: Understanding the Job of Department Chair

John Stobo, M.D., Chair, Johns Hopkins University School of Medicine

The job of department chair entails multiple academic management issues. Dr. Stobo will examine the challenges of balancing the education, research and patient care missions of clinical departments and of evaluating, rewarding, and nurturing faculty in the present constrained economic environment.

Critiquing Grants and Manuscripts: Both Sides of the Process

Florence Haseltine, M.D., Ph.D., Director, Center for Population Research,
National Institutes of Health

Rosalie Crouch, Ph.D., Dean, College of Graduate Studies
Medical University of South Carolina

Academics spend much time both writing and critiquing grants and manuscripts but rarely have the opportunity to obtain pointers on either process. Both workshop facilitators are highly qualified to offer suggestions for improving and streamlining skills as grant/manuscript-writer and reviewer. Attendees will be encouraged to share problems they have encountered.

Innovations in Practice Plan Management

Jane Matjasko, M.D., Chair, Department of Anesthesiology
University of Maryland School of Medicine

Michael Berman, M.D., Chair, Department of Pediatrics
University of Maryland

Clinical practice plan management has become more challenging because of shrinking income due to RBRVS and managed care. Competition from the private sector is also hindering faculty recruitment and retention. The development of strategies to meet these challenges (such as systems analysis to increase practice efficiency, consolidation of services for each clinical practice, improving grantwriting skills, and marketing of special programs) are necessary for patient care to be optimized and for recruitment and retention of superb faculty to continue.

Managing Job Searches

Barbara F. Atkinson, M.D., Chair, Department of Pathology & Laboratory Medicine
Medical College of Pennsylvania

John F. Griffith, M.D., Executive Vice President for Health Sciences
Georgetown University Medical Center

This workshop approaches this topic both from the perspective of the job seeker and a search manager. A presentation on principles, procedures, and pitfalls related to recruiting and selecting candidates for top positions will lead into a discussion of how job seekers might best approach the search. The recruitment of individuals for leadership positions and the need to improve that process will receive special attention. The facilitators will strive to create a workshop environment such that participants may seek feedback on individual dilemmas.

FACULTY BIOGRAPHICAL SKETCHES

Carol A. Aschenbrener, M.D. Dr. Aschenbrener is the Chancellor of the University of Nebraska Medical Center, making her the highest ranking woman in academic medicine today. Prior to this, she was Executive Associate Dean at the University of Iowa College of Medicine, where job responsibilities included space planning, faculty recruiting, and coordination of planning with University Hospitals and Clinics. She received her medical degree from the University of North Carolina and completed residency training in anatomic pathology and neuropathology at Iowa. She has served on the Liaison Committee on Medical Education and last year Dr. Aschenbrener was elected to the AMA Council on Medical Education.

Barbara F. Atkinson, M.D. Presently chair of the Department of Pathology and Laboratory Medicine at the Medical College of Pennsylvania, Dr. Atkinson began her academic career at the University of Pennsylvania, where she completed her residency and NIH fellowships in pulmonary pathology. She is a graduate of Jefferson Medical College. Dr. Atkinson is also Director of Delaware Valley Regional Laboratory Services, MCP Hospitals and St. Christopher's Hospital for Children. Other offices include: Trustee, American Board of Pathology; National Cancer Institute Board of Scientific Counselors; and vice president of the Association of Pathology Chairmen. At MCP, she has recently served as Vice Chair, Executive Committee of the Faculty; Chair, Search Committee for Department of Surgery and Chair, Cancer Planning Committee.

B. Lyn Behrens, M.D. After graduating with honors from medical school at Sydney University (Australia) and receiving graduate training in pediatrics, Dr. Behrens completed her pediatrics training in hospitals in Loma Linda CA, Atlanta GA, and Chattanooga TN. Dr. Behrens then completed a fellowship in allergy and immunology and one in pediatric pulmonary at the National Asthma Center and University of Colorado. In 1975 she became Director of Pediatric Allergy/Immunology service at Loma Linda University Medical Center; and in 1984, Director of the Division of Allergy/Immunology and of the Pediatric Residency Program. In 1986 Dr. Behrens became Dean of Loma Linda University School of Medicine; in 1990 she became President of Loma Linda University.

Michael A. Berman, M.D. A graduate of SUNY-Upstate Medical Center, Dr. Berman completed a pediatric internship at Johns Hopkins Hospital before working as a pediatric consultant at NIH. His first faculty appointment was at Yale University School of Medicine. He moved in 1976 to the University of Maryland at the rank of Professor and Director, Division of Pediatric Cardiology; he began chairing the Department of Pediatrics in 1984. Among the numerous offices Dr. Berman currently holds are: President of the University of Maryland Medical Faculty Foundation, Inc.; Chair of the medical school Appointment, Promotion and Tenure Review Committee; and Chair of the University of Maryland Medical Services System Self-Insurance Trust.

Christine K. Cassel, M.D. After graduating from the University of Massachusetts Medical School, Dr. Cassel completed a residency in internal medicine at Children's Hospital of San Francisco, a fellowship in bioethics at University of California, San Francisco, and a fellowship in geriatrics at Oregon Health Sciences Center, where she also became Assistant Professor. After two years as faculty in the Department of Geriatrics and Medicine at Mount Sinai Medical Center, she moved to the University of Chicago, where she is presently Professor of Medicine, Professor of Public Policy Studies, Chief of the Section of General Internal Medicine, Director of the Center for Aging, Health & Society, and Assistant Director of the Center for Clinical Medical Ethics. She has chaired a number of American College of Physicians committees, served as President of Physicians for Social Responsibility and Society for Health and Human Values, and is presently on the Board of Directors of the American Board of Internal Medicine.

Rosalie K. Crouch, Ph.D. After earning the Ph.D. in organic chemistry at Yeshiva University, Dr. Crouch completed postdoctoral training at Columbia University and then served on the faculty of the Departments of Ophthalmology and Biochemistry at the Medical University of South Carolina. In 1991, she became Dean of the College of Graduate Studies there. Dr. Crouch is presently principal investigator on an NIH R01 (synthetic retinal pigments and binding proteins) and on an NIH short term training grant for health professionals; she is also co-investigator on an NIH R01 (hemolytic amenia). She is Associate Editor of *Journal of Photochemistry and Photobiology* and reviews for over 25 other journals.

Catherine D. DeAngelis, M.D. Before graduating from the University of Pittsburgh School of Medicine, Dr. DeAngelis worked as an R.N. Subsequently, she completed a residency in pediatrics at The Johns Hopkins Hospital followed by an M.P.H. from the Harvard School of Public Health. She then joined the faculty of Columbia University College of Physicians and Surgeons and then the faculty of the University of Wisconsin School of Medicine where she became Director of Ambulatory Pediatric Services. She returned to Hopkins in 1978 where she is presently Professor of Pediatrics and Associate Dean of Academic Affairs; she served as Deputy Chair of Pediatrics for seven of those years. Among her present grants are a Bureau of Health Professions faculty development grant and a Robert Wood Johnson grant "Preparing Physicians for the Future". National committees on which she presently serves are AAMC's Generalist Physician Task Force and DHHS's Physician Consortium on Substance Abuse Education.

Teri Goudie is Associate Media Trainer for Craddock Communications, Inc., a communications/audio-visual production firm located in Chicago, Illinois, which focuses on media and presentation skills training. Her extensive expertise has allowed her to work with various corporations, including United Airlines, Navistar and Kraft. With fifteen years of experience as a journalist, including seven years with ABC-TV, Ms. Goudie has worked in front of the camera as a reporter and currently writes a column for a major suburban newspaper chain. During her career as a print reporter, she was credited with uncovering exclusive stories on key public health issues. Ms. Goudie received her B.S. degree from Northern Illinois University with a major in journalism and a minor in business.

John F. Griffith, M.D. After earning the M.D. from the University of Saskatchewan and completing an internship at Montreal General Hospital, Dr. Griffith was a resident in pediatric neurology and neuropathology at Massachusetts General Hospital and then chief resident in pediatrics and infectious disease at Cleveland Metropolitan General Hospital. After completing a research fellowship in infectious disease at Children's Hospital Medical Center/Harvard Medical School, Dr. Griffith became Assistant Professor of Pediatrics at Duke University Medical Center, rising to the rank of Associate Professor before moving to the University of Tennessee Health Sciences Center as Professor and Chair of Pediatrics and Professor of Neurology. His appointments as Professor of Pediatrics and Neurology at Georgetown University Medical Center began in 1986, and he became Executive Dean of the Medical School and Executive Vice President for Health Sciences in 1989.

Florence P. Haseltine, M.D., Ph.D. Dr. Haseltine is Director of the Center for Population Research at the National Institute of Child Health and Human Development. Her office is responsible for evaluating projects in order to set policy, encourage and highlight research areas where promising advances are made in the areas of contraceptive development and evaluation and in related demographic and behavioral sciences. She earned her Ph.D. in Biophysics in 1969 from MIT and her M.D. in 1972 from Albert Einstein College of Medicine. She is board certified as an Obstetrician and Gynecologist and a Reproductive Endocrinologist.

Olga Jonasson, M.D. Dr. Jonasson graduated from University of Illinois College of Medicine and completed her surgical residency there. In the U.S. Public Health Service she completed a senior clinical traineeship in cancer control and two special fellowships, one at Walter Reed Army Institute of Research and one at Massachusetts General Hospital; she was also a fellow in cardiovascular and thoracic surgery at Presbyterian-St. Luke's Hospital. She now chairs the Department of Surgery at Ohio State University College of Medicine, where she is also Robert M. Zollinger Professor. At present, Dr. Jonasson is serving on the Accreditation Council for Graduate Medical Education, American Board of Surgery Board of Directors, and three committees of the American Board of Medical Specialties. She was recently awarded the Christian Fenger Award for Surgical Excellence.

Sheila Moriber Katz, M.D., M.B.A. After graduating from Duke University School of Medicine, Dr. Katz completed an internship in pathology at Yale-New Haven Hospital and residency at Massachusetts General Hospital; during these years she was also a Radcliff Institute Scholar. After completing fellowships in immunopathology and pediatric pathology at the University of Pennsylvania School of Medicine, Dr. Katz served as Director of the Division of Renal Pathology and Electron Microscopy and Director of the Diagnostic Immunology Laboratory at Hahnemann University School of Medicine. In 1981, she became full professor specializing in transplantation and renal pathology. Since 1988 she has served as Associate University Dean for Academic Coordination. In 1990 she earned a Master's in Business Administration from the Wharton School of the University of Pennsylvania and remains active in academic business affairs.

Joseph A. Keyes, Jr. Mr. Keyes is the AAMC Vice President for Institutional Planning and Development and has 21 years of service with the AAMC. Mr. Keyes is responsible for the AAMC's medical school faculty and student databases, institutional organization and faculty policy studies, the Medical College Admission Test, Management Education Programs, the Women in Medicine Program, the Group on Institutional Planning and the Group on Business Affairs. He also serves as the Association's General Counsel. A graduate of Georgetown University Law Center, Mr. Keyes is a member of the Bar of the Supreme Court of Virginia and the United States Supreme Court.

Bobbie Lawrie Ms. Lawrie is president of Craddock Communications, Inc., a communications/audio-visual production firm located in Chicago, Illinois which focuses on media and presentation skills training. She began her career in broadcast journalism working as a television news reporter and anchorperson in various cities including: Cleveland, Cincinnati, Philadelphia and Chicago. In 1977 she joined the American Medical Association and ultimately served as director of the AMA Department of Radio, Television and Motion Picture Services. In that position, she supervised production and distribution of a national radio and television public service announcement program and conceived and developed a national Health Reporting/Radio-TV Conference for health care professionals. Under her direction, the department also developed public relations seminars for state, county and national medical specialty societies and designed other public relations marketing services. Ms. Lawrie received her B.S. degree in journalism from Kent State University and her masters degree in communication from Northwestern University.

M. Jane Matjasko, M.D. Dr. Matjasko graduated *magna cum laude* from the Medical College of Pennsylvania and completed a medical internship and anesthesiology residency at the University of Maryland. She became Vice-Chair of the Department of Anesthesiology there in 1983, Acting Chair in 1986, and in 1990 Martin Helrich Professor and Chair. She presently serves: on the Board of Directors, Foundation for Anesthesia Education and Research; as Council Member, Association of Anesthesiology Program Directors; as President of the Medical Staff;, as Chair, Medical School Strategic Planning Committee; and on the Finance Committee of the Hospital Board of Directors. Dr. Matjasko co-investigator on an NIH grant "Lung and chest wall impedances in health and disease".

Sheila Muldoon, M.D. After completing her medical training in Dublin, including an internship in obstetrics and a residency in anesthesia, Dr. Muldoon earned an M.S. in Anesthesiology and Physiology at Mayo Graduate School of Medicine. She moved to the Uniformed Services University of the Health Sciences as Assistant Professor in 1977 and has chaired the Department of Anesthesiology there since 1988. She presently serves on the FDA's Anesthetic and Life Support Drugs Advisory Committee, is an examiner for the American Board of Anesthesiology, and as a member of the Scientific Advisory Board of the Association of University Anesthesiologists.

Elena G. Reece, M.D. Dr. Reece graduated from New York University Medical College and then completed a pediatrics residency at Buffalo Children's Hospital and a fellowship in pediatric immunology and rheumatology at Downstate University Medical Center. For the next two years, Dr. Reece served as Josiah Macy Foundation Faculty Scholar in Immunobiology at Memorial Sloan-Kettering Cancer Center and Clinical Assistant Pediatrician at Memorial Hospital. She became Director of the Division of Allergy and Clinical Immunology at Montreal Children's Hospital and Director of Allergy and Clinical Immunology Laboratory there. In 1990, she became Chief, Division of Allergy and Clinical Immunology and Director of the Fellowship Training Program at Howard University Hospital. She presently serves on the editorial board of *Annals of Allergy*, as a consultant to the NIH National Center for Research Resources General Clinical Research Centers Program, and on the NIAID Allergy, Immunology and Transplantation Research Committee.

Patricia G. Spear, Ph.D. After earning the Ph.D. from the University of Chicago, Dr. Spear was a fellow in the U. S. Public Health Service and the Arthritis Foundation. At the University of Chicago, she rose to the rank of Professor in the Department of Microbiology and in 1987 became Guy and Anne Youmans Professor and Chair, Department of Microbiology/Immunology at Northwestern University Medical and Dental Schools. Dr. Spear presently chairs the American Cancer Society Council for Research and Clinical Investigation Awards and serves on the NIAID Board of Scientific Counselors. She has also served on National Science Foundation, American Cancer Society, and Leukemia Research Foundation committees and has organized symposia and workshops on herpes virus.

John D. Stobo, M.D. After graduating from SUNY-Buffalo, Dr. Stobo completed his internship and residency on the Osler Medical Service at Johns Hopkins. After three years as Assistant Professor in the Department of Immunology at Mayo, Dr. Stobo headed the Section of Rheumatology-Clinical Immunology at Moffitt Hospital and achieved the rank of Professor of Medicine in 1982. In 1985 he become William Osler Professor of Medicine and Chair of the Department of Medicine at Johns Hopkins Hospital. He has served as President of the American College of Rheumatology, is a member of the Institute of Medicine, Secretary/Treasurer of the Association of Professors of Medicine, a member of the Board of Directors of the American Board of Internal Medicine and on the Advisory Panel for Biomedical Research of the AAMC.

Charlotte B. Wagenberg, Ed.D. Dr. Wagenberg is a recognized expert in the areas of program and organizational development, leadership and communication skills training, and medical staff development. She is a management consultant with Organizational Dynamics, Inc. an international consulting company that works with Fortune 500 companies and health care organizations. Prior to that, she was Associate Vice President of Human Resources Development at St. Luke's-Roosevelt Hospital Center in New York City and received the Distinguished Faculty Award of New York University's Graduate School of Public Administration where she is a member of the Health Policy and Management Program faculty. She earned an M.Ed. in Program Development and an Ed.D. in Organizational Behavior in 1984 from Columbia University.

114

Norma Wagoner, Ph.D. Dr. Wagoner is Dean of Students, Division of Biological Sciences and the Pritzker School of Medicine, University of Chicago, and Professor of Orgasimal Biology and Anatomy. She received her Ph.D. degree in anatomy from Washington University School of Medicine. Dr. Wagoner was formerly Associate Dean for Medical and Graduate Student Programs at the University of Cincinnati College of Medicine for more than ten years. She has been an active leader in medical education, having served as both National and Regional Chairman of the AAMC Group on Student Affairs. She is on the National Board of Medical Examiners, including three of their subcommittees. She is the immediate past president of The National Resident Matching Program and is currently national chairman of two committees on Financial Aid.

Allan Weingold, M.D. After graduating from New York Medical College, Dr. Weingold completed residency training at Mount Sinai Hospital in New York, with one year at William Beaumont Army Hospital in El Paso. A fellowship in gynecologic malignancy was also completed at New York Medical College, where he then rose to the rank of Professor and Assistant Chair of the Department of Obstetrics and Gynecology. He has been Professor and Chair of the Department of Obstetrics and Gynecology at George Washington University School of Medicine since 1973, and began serving as Interim Vice President for Medical Affairs and Executive Dean last April. He has lectured in virtually all major U.S. and Canadian academic medical centers and in many other countries as well.